Registration Dist. No.
No. alus House, st. 3-3 Ward
leath occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of toreign birth?yrsmosds.
if U. S. Veteran, specify WAR
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Year)
22. 1 HEREBY CERTIFY Thet I ettended deceased from
9-1-1937, to 7-13-1937
I last saw h. AMalive on
to heve occurred on the dete stated above, et
The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
Chronic Myseardito
6 Lyonin Endolartito >
10 1 Your Outolastis >
Other Contributory Causes of importance:
Name of operation. More Date ot
Whet test confirmed diagnosis? ———————————————————————————————————
23. It death wes due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury,19
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury
24. Wes disease or injury in eny way releted to/occupation of deceased?
If so, specify
(Signed) M. D.
(Address) (Addre

very

18

pluods

mation LION

WRITE

17. INFORMANT

19. UNOERTAKER

20. FILED:

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	li	Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Y	RECORD. Every item of infor	. PHYSICIANS should stat	Exact statement of OCCUPA	
FOR BINDING	IS A PERMANENT I	stated EXACTLY.	properly classified. H	certificate.
MARGIN RESERVED FOR BINDING	-WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	-WRITE AINLY,	mation should be care	CAUSE OF DEATH in	TION is very importa-

V. S. No. 1 B. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9501
1. PLACE OF DEATH	(82-20)
County allegany	Registration Dist. No.
Village or City Hintstone	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Imon Ush	
(a) Residence: No. Alimitation (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 8 , 193 7 (Par)
5a. If merriad, widowed, or divorced HUSBANO of (or) WIFE of Matter Edith ash	22. I HEREBY CERTIFY, That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) Mar. 1, 1870	I last sew harma always the today, 19 ; daath Is seid
7. AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, at 10-30 q, m.
67 6 17 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coretal Henry Lager till 18 42
Industry or business in which work wes dona, as SILK MILL,	The world of the state of the s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes dona, as SILK MILL, County load SAW MILL, BANK, etc. 10. Oate daceesad last worked et this occupetion (month and year) 11. Totel time (yeers) spent in this occupetion	
12. BIRTHPLACE (city or town) - Persusylvania (State or country)	Dither Contributory Causes of importance:
13. NAME John ash	
13. NAME John ash 14. BIRTHPLACE (city or town) - Marykarykaryk	Name of operation Date of
(State of Country)	Whet tast confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Jacy S. Bennell	23. If daeth was due to external causes (VID LENCE) fill in also the following:
15. MAIDEN NAME Vacy N. Dennell 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida?Oate of injury
17. INFORMANT Mrs. amon ash (Address) Fluitstone Mod	(Specify city or town, county and State) Specify whether-injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Al Tellows Cernetrosto Lap 20, 1937	Manner of Injury
19. UNDERTAKER Shraim Smith (Addrass) Creman Da	24. Was disease or injury In eny way related to occupation of daceesad? If so, specify
20. FILED 9/20, 1937 Squarette	(Signed) & a Walson M. D. (Addrass) authle Orleans, May

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Example I	dia dia	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT @ 1931	July 5 1927	Peritonitis	3 days ago
BUREAU *.	8.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS	BY	PHYSICIAN
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S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) __ 40

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
II por 6 100			
1 V.S.			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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J	5	U	1

1. PLACE C	F DEATH			39
County Allegany County				Registration Dist. No
Village or	city Cumberlan	nd, Mar	yland	No. Memorial Hospital St., 6 - 6 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of re	sidence in city or town whare o	death occurred		death occurred in a hospital or institution, give its NAME, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	ME Eleanor			If U. S. Veteran, specify WAR
				St., Ward.
	nce: No. Eller:			If nonresident give city or town and State
PERSO 3. SEX	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Female	White	or Divorce	RIED, WIDOWED, D (write the word) Led	September 24, 1937 (Month) (Oay) (Yaar)
5a. If married, wido HUSBAND of				22. I HEREBY CERTIFY. Thet i ettanded decassad from
(or) WIFE of	Charles L	. Beal		9-24 193710 9-34 1937
6. DATE OF BIRTH	(month, dey, and yeer)	arch 3,	1885.	i lost sew h aliva on
7. AGE Y	eers Months	Days	If LESS than 1 day,hrs.	to have occurred on the deta steted above, at LQ:35.mP.M.
52	6	21	ormin.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importanca were as follows: Date of onset
8. Trede, prof	ession, or particular work done, as SPINNER,	Housewe	ork	Huorragee
o taduetry or	R, BODKKEEPER, etc business in which			Jaueraute 24
work w	as done, as SILK MILL, ILL, BANK, etc	Own hor	ne	Haluty, Militur &
this occ	esed last worked et cupetion (month end	SDE	ime (yeers) nt in this	4
	D		upetion	Othar Contributory Causes of Importence:
12. BIRTHPLACE ((State or co	city or town) Penn	sylvanı	3	A The Man
		ford		The man war and the
	CE (city or town) Pen:	nsylvan	ia	Name of operation Dete of
	or country)			Whet tast confirmed diegnosis?
f5. MAIDEN N	Mary Bo	wser		23. If death was due to external causes (VIOLENCE) fill in also tha following:
f5. MAIDEN N	CE (city or town) Pen:	nsylvan:	ia	Accident, suicide, or homicide? Dete of injury, 19
(State or country)				Where did injury occur? (Specify city or town, county and State)
f7. INFORMANT (Address)	Memorial	Hospita.]	Specify whether injury occurrad in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
1	adley oa	Dete Sel	+27 ,1937	Menner of Injury
	1.1.	. (24. Was disease or injury in any way releted to occupation of deceased?
fg. UNDERTAKER (Address)		no h	rd	If so, spacify
on suspellat	1271037	P. 1800	blei Ms	(Signed) Chauteur g. M. C
ZU. FILEDIANA	19.2 - Jan	V	Registrar.	(Address) Ollege de 110

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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WEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITHIN CO	PRPORATE LIMISTATE OF MARYLAND	CERTIFICATE OF DEATH 9504
infor state UPA.	1. PLACE OF DEATH	53-1
n of info	County allegacy	Registration Dist. No.
item shou	Village or City Cubelriland	No. Memoreal Horso, 6-6 Ward
		death occurred in a hospital or institution, give its NAME instead street and number) ds. How long in U.S. if of foreign birth?
Every ZIANS ement	11 11 12 4	-
ICI E	2. FULL NAME Tarry TT. Best	Tal Market
RD	(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex . Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d. L.	Male Mieto Jeugle	(Month) (Day) (Year)
DING IANER A C T Ssifted	5a. II married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That J attended deceesed from
2 . 44	(or) WIFE of	Dept 15 1937 10 Dept 21 1937
BIN ERI E X cl	6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Sept 111 , 1937; death is sald
R A P ed ed eerly errly fical	7. AGE Years Months Days HLESS than	to have occurred on the date stated above, at
FOR B. IS A PE stated E properly certificate	70 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	0
田 出 」、。	4 9. Industry or business in which	Corceionea 7 1091
RESERVI G INK—T GE should that it may	work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	lu (mual glacero.
SSE IN	O this occupation (month and spent in this	8
N RES	year) occupation	Other Contributory Causes of importance:
	12. BIRTHPLACE (city or town) (State or country)	
MARGI UNFAI supplied. n terms, ee instru	E 13. NAME Noale Best	
D dit	14. BIRTHPLACE (city or town).	Name of operation Dete of Detection
H -= 00	(State or country) MA.	What test confirmed diagnosis? Wes there an autopsy?
Y, WITI carefully 'H in pla	15. MAIDEN NAME Susanus Jones	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
LY, W carefu (TH in portant	15. MAIDEN NAME Susacura Soms 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
AINLY, id be cal DEATH y import	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
AII Id b DE	17. INFORMANT Memarial Haspilal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E CA should OF DI s very	(Address) Cumberland Will 18. BURIAL, CREMATIONAOR, REMOVAL	
	Place addison Pa Date Sleph 23, 1937	Manner of injury
WRITE mation s CAUSE TION is	HARLA L	24. Was disease or injury in any way related to occupation of deceased?
T EOH	19. UNDERTAKER Somerfield Ta	If so, specify
B. No.	tolker so O A Frankli M	(Signed) 13 Vlusheum M.D.
× Z (]	20. FILED CLASS TO ST. 1931. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(Address) 12 V So Cuity X:

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BUREAU V S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN .

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If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of enset

(Day)

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OCI 2 1991				
I S S I				
Other contributory causes of importance:		Other contributory causes of importance:		
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	item of infor-	S should state	of OCCUPA-	/
	-WRITE FAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
DALIGHT HERENAMED TOTAL MINISTER	A PERMANENT	ted EXACTL	perly classified.	ificate.
יז עבו יובנ	NK-THIS IS	should be sta	it may be pro	on back of cert
מיניתונות והיו	UNFADING I	supplied. AGE	n terms, so that	ee instructions
	AINLY, WITH	ould be carefully	F DEATH in plain	TION is very important. See instructions on back of certificate.
	-WRITE	mation she	CAUSE 0	TION is v

N. B.-WRITE I

V. S. No. 1

1. PLACE OF DEATH	F MARYLAND	-CERTIFICATE OF DEATH 9506
County Celleg.	0 . 0	Registration Dist. No. 9
Oh1 11	Lain	
Village or City Alle Old	orman	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where the contract of the	path occurred yes only Blocke	sds. How long In U. S. if of foreign birth?yrsmosd
(a) Residence: No.	Mothern	750 9 Ward.
	(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Supplemental (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2/2	22. Peff 2 4, 1937, to Sept 24, 193
DATE OF BIRTH (month, day, and year)	Nr 20 1937	I last saw her alive on Sept 24,193); death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 3.20 Pm.
10	4 1 dey, hrs	THE RESERVE OF BEATER CONTINUES OF THE POST AND THE POST
8. Trade, profession, or particular	000	Were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cheld	dente to mercles
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	/93
12. BIRTHPLACE (city or town) Phick	lothian Md	Other Contributory Causes of Importance:
(State or country)	000	-
13. NAME John ()	2 oches	
14. BIRTHPLACE (city or town)	Pa	Name of operation Date of
(State of country)		What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NAME (Lanes	Hott	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Carnes 16. BIRTHPLACE (city or town).	d	Accident, sulcide, or homicide? Date of injury, 19
E (State or country)	DA A	Where did injury occur?
17. INFORMANT Johnson	Hocher fild	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 1 110 77	Manner of injury
Place Johnson's Cem.	Date Sept. 26 , 1937	Nature of Injury
19. UNDERTAKER Jacob J	safer 16d.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Sept. 34., 1937	Dep. Local Register.	(Signed) M. M. (Address) A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
9,1 65				
PARTIES AND THE PROPERTY OF THE PARTIES AND TH				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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///	Registrat	tion Dist. No	<i>4</i>	
No. Sylvan	Otetr	ens	St. 3-3 W	ard
death occurred in a hospital or instituti				
ds. How long in U.S. if of	foreign birth	?yrs	mos	_ds.
If U. S. Veteran,	specify WAR	R	,	
St., Ward. A	If nonresi	ident give city or i	own and State	
MEDICAL CE	RTIFICA	TE OF DE	ATH	
21. DATE OF DEATH	0	, -	47 4	1
	7 -	1 =	, 193	
	(Month)	(Day)	(Year))
22. I HEREBY	CERT	1 FY. That I	attendad deceased	rom
Jan.	1924, to.	7 -	15-19-	3./
flast saw harmalive on	9-		19. 3; death Is	said
to have occurred on the date stated		/ Um.		
The PRINCIPAL CAUSE OF DEATH were as follows:	H and related	causes of importa	1	
105			Date of or	nset
10hr-M	100	whit	2	
216/				
CAY. Col	loc	ortita	0	
Other Contributory Causes of Impor	rtance:			
Kesteni	200	elesos		
0,00				
Name of operation	ne	59-	Date of	
What test confirmed diagnosis?	Tean			0
23. If death was due to external caus				Œ.
Accident, suicide, or homicide?				
Whera did Injury occur?		Data of Injur	y 13	
	(Specify ci	ty or town, county	and State)	
Specify whether injury occurred In	INDUSTRY, I	IN HUME, OF IN PU	BLIC PLACE.	
88				
Manner of injury				
Nature of injury			71	
24. Was disease or injury in any wa	y related to o	occupation of dece	ased?	8-
If so, specify	7	W		
(Signed)	9	Ville	and the	No.
(Address)	uan	le l	· Vin	L

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

From what information we can obtain, we find that Mary Brisco was a patient at Sylvan Retreat part of her life if not all of it. No further information can be obtained in this case.

Jough P. Frankisan Hb S.

STATE OF MARYLAND-CERTIFICATE OF DEATH

9508

1. PLACE OF DEATH	
County alleany	Registration Dist. No.
Village or City R. & # & Cumberland	Ward St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	
2. FULL NAME GEORGE Elwood Grog	dipalet U. S. Veteran, specify WAR
(a) Residence: No. W. F. H. 5 Cumberle	ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white OR DIVORCED (rurice the word).	Siplander 30 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wary Yuc Wennie Broadwate	22. 1 HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, bdy, and year) 7. AGE Years Months Days If LESS then	I tast saw h alive on, 19; death is said
1. AGE rears months bys 1 tess then 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8 Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Weaver SAWYER, BOOKKEEPER, etc.	Jenamus Same
kind of work done, as SPINNER, Weaver SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, Sulke Will. SAW MILL, BANK, etc.	auto accident
10. Date deceased last worked at this occupation (mant) and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town). Garrett County	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Javal County	
14. BIRTHPLACE (city or town)	Neme of operation
	Whet test confirmed diagnosis? Wes there an autopsy?
± 1 1 C	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (cit of town)	Where did injury occur? near Cresable on University Date of Injury Occur? near Cresable on University Date of Injury Occur?
45 10 1 13 1	(Specify city or town, county add State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Was a survival (Address)	on Public Highway
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury With ly Utilon Colile
Place New Germany Generale Oct 3, 193)	Nature of injury
19. UNDERTAKER Jacol Hafer	24. Wes disease or injury in eny wey related to occupation of decessed?
(Address) / Cumberland Ind.	if so, specify
20. FILED ON. 3, 1637 & V. Tranklin M.A	(Signed) Jen Clauman (17 one mo.

V. S. No. 1

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Example I			Example II		
The principal cause of death and related causes of importance were as follows: Atteriosclerosis			of importance were as follows:		
Arteriosclerosis	I have been to be	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 6 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		*			

ADDITIONAL SPACE FOR FURTHEI	STATEMENTS	BY	PHYSICIAN
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	* 5	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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P. Carlotte	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
الا		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	*	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	RPORATE LIMISTATE OF MARYLAND-	CERTIFICATE OF DEATH
info sta UPA	1. PLACE OF BEATH	92-03
ould sta	County / Thelamy	Registration Dist, No.
item of should of OCC	Village or City Shubirk and	Ne / St. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
~ W	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIAN tement	2. FULL NAME STACY & STOWN	If U. S. Veteran, specify WAR
TYSI sta	(a) Residence: No. 5/2 / Dudench (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHY xact si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	Jemale White S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Mog(h) (Day) (Year)
DING LANEN A C T I	5a. If married, widowed or divorced HUSBAND of Cor) WIFE of	22. I HEREBY CERTIFY. That i attended deceased from 22. 1936 to Sept 3 1937
BIND ERMA EXA y class te.	6. DATE OF BIRTH (month, day, and year) we 7 1861	last saw h 22 alive on 8 - 3 0 - 19 3 7 19 death is said
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at $10.45 \beta_{\rm m}$.
FOR IS A state prope	76 20 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows
- 70	8. Trada profession or particular	Unterio Ocheroso Begra 19:
VED -THIS ild be ay be ck of	kind of work done, as SPINNER Home duty	A A A A A A A A A A A A A A A A A A A
RVI could may back	9. Industry or business in which work was done, as SILK MILL, Commented by Mill, BANK, etc.	Orebraf Tiemerman 8-4-5
SE SH II	kind of work done, as SPINNER Some duly 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Data deceased last worked at this occupation (month and spent in this)	7-21-3
REST INCE I CAGE that	year) occupation	Dther Contributory Causes of importance:
Z	12. BIRTHPLACE (city or town) / Dallimie	Endocardelis, Choses boit h
RGIN NFADI plied. rms, so	(State or couply)	
	13. NAME LOOKIS Joelhe	
	14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
X, WIT carefully H in pla	15. MAIDEN NAME Ant Mont	23. If death was due to externel causes (VIOLENCE) fill in also the following:
LALY, WI be careful EATH in p	15. MAIDEN NAME Sont Chron 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
ATTA ATT	∑ (State or country)	Where did injury occur?
ABBY	17. INFORMANT / Wal Sen O' Nowske	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
	Piaca Sillmont Cen Date Sept 6, 193,	Neture of injury
-WRIT mation CAUSI	19. UNDERTAKER 2. S Statles	24. Was disease or injury in any way related to occupation of deceased? No.
No.	(Address) Ombul and My	If so, specify of the August
si z I	20. FILED Light 4, 193) . Planklin Registrar.	(Signed) Chartelle 17, Fair and M. D. (Address) 126 Columbia II, Camberland M.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago	
MINERALI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
1. PLACE OF DEATH		210-11	
County alleghamy	/		Registration Dist. N
Village or City Barto	n, md	No.	
Length of residence in city or town where death oc	/	death occurred in a hospital or institu	
m 11	of lath	Ob- shall	
2. FULL NAME / Handha	regarden	Mangaer	
(a) Residence: No(U	Jsual place of abode)	St., // Ward.	If nonresident give cit;
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL C	ERTIFICATE OF
3. SEX 4. COLOR OR RACE OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	Sept. 17-
5a. If married, widowed, or divorced	single		(Month) (E
HUSBAND of (or) WIFE of	V	22. IHEREB	CERTIFY, Th
6. DATE OF BIRTH (month, day, and year) Aug	1 1931	I last saw have on	Ly x 17
7. AGE Years Months	Days If LESS than	to have occurred on the date state	ed above, at
B /	1 day,hrs.	The PRINCIPAL CAUSE OF DEA' were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,		antoni	
		Huad	injung: a
9. Industry or business in which work wes done, as SILK MILL, SAW MILL BANK etc.		ents on right si	de of thoat;
the state of the s	11. Total time (years) spent in this		Curse
o this oscupation (month end year)	spent in this occupation		
12. BIRTHPLACE (city or town) - Janton	2 1	Other Contributory Causes of imp	ortance:
(State or country)	din A	2	
13. NAME Villiam Joh	n Chappell		
14. BIRTHPLACE (city or town)	Sartons	Name of operation	
(otate or country)	me	What test confirmed diagnosis?	
15. MAIOEN NAME Shakimen	Aprila	23. if death was due to external ca	_ *
15. MAIOEN NAME Shakiments 16. BIRTHPLACE (city or town)	eston	Accident, suicide, or homicide?	
≥ (State or country)	Ma.	Where did injury occur?	(Specify city of town,
17. INFORMANT AM Shapfells	<i>f</i>	Specify whether injury eccurred i	11 1
(Address) 18. BURIAL, CREMATION, OR REMOVAL	ston md.	Manner of injury	lice Flore.
Piaco Farrall Will Date	Sept. 20, 1937	Neture of injury	
13.		24. Was disease or injury in any	
19. UNOERTAKER (Address)	ston, md	If so, specify	
Sent.18, 37 S.	A. Boucher	(Signed) L	, 13 on oher

9511

210-00			
(2010-4110)	Registratio	n Dist. No	7
No. death occurred in a hospital or institution ds. How long in U.S. if of the Chappell			
St., // Ward.	If nonreside	ent give city or to	wn and State
MEDICAL CE			
21. DATE OF DEATH	Sent.	17- 19	37
	(Month)	(Day)	(Year)
22. I HEREBY	CERTI	FY, That I at	tended deceased from
I last saw have on	day	,1	93.7.; deeth is said
to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH		auses of important	ea .
were as follows:	rile o	2 1. Oiles	Date of onset
He a d			
ent on right sid	e of the	rat : hem	suhage.
V		cusq.	
Other Contributory Causes of import	lanca:	in an are the fact the fift and in 180 th the fact and the	
Office Contributory Control of Hillipol			
Name of operation		Da	ite of
What test confirmed diagnosis?		Was th	ere en eu!opsy?
23. if death was due to external caus			
Accident, suicide, or homicide?			
Where did injury occur?Bonta	(Specify city	or town, county	masylande
		HOME, or in PUB	LIC PLACE.
Manner of injury	- Jeste.		
Neture of injury			
24. Was disease or injury in any wa	y related to oc	cupation of deceas	sed?
If so, specify			
(Signed) D. U.,	13 Ba	rton	
3-03-2-			

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
PUPPAU V. S.				
Other contributory causes of importance:	paraer	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

OCCUPA-

Jo

Exact statement

B

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH 9512
County elleany	Registration Dist. No. 12
Village or City Helles Menes	Np. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
0.00	V
2. FULL NAME Chef Maril C	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
50. If married, widowed, or divorced HUSBAND of (or) WIFE of the Clerker Collection	22. I HEREBY CERTIFY. That Nattended deceased from
6. DATE OF BIRTH (month, day, and year) 4 1898	I last saw her alive on Sept. 22, 1937; death is said
7. AGE Years Months Days If LESS than 1 dey, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Hoperten handles about
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	Chloric rephritis 1931
O 10 Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) MARALLA (State or country)	Dther Coutributory Causes of Importance:
13. NAME / Opid John Williams 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of Was there an autopsy?
15. MAIDEN NAME Mary arm yates	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Cum Gatos 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Collect Cluse (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury

19. UNDERTAKER

(Address) 20. FILED Separt 29 At 19 Registrar. If so, specify (Signed)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Chronic interstitial nephritis 007 5 1037	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
The Property of the Control of the C				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Williams		932	
		Registration Dist. No. 4	
Village or City Oshan	terland "	No. 7 9 Staff St. St., death occurred in a hospital or institution, give its NAME instead of street and	-/ War
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Smaga	we V Coma		
(a) Residence: No. 229	Bedford	St., Ward.	
	(Usp place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
Femal White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Year)
. If married, widowed, or divorced HUSBAND of (or) WiFE of		22. 7/15/3) 19 to 9/16	deceased fro
DATE OF BIRTH (month, day, and year)	lov. 19.1870	i last saw h 2 alive on 8/20, 193)	; death is sa
AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Preser.	were as follows:	Date of ons
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	ye Hosko.		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total time (years) spant in this occupation 40 9	Other Contributory Causes of importance:	-
2. BIRTHPLACE (city or town)(State or country)	Ecket Md.	Outer Continuous Cases of Importance.	
13. NAME I'M. CO	rdrew.		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	bart and	Name of operation. Name of	
15. MAIDEN NAME ATTACAGE	moraite	What test confirmed diagnosis? Was there and 23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	2	Accident, suicide, or homicide?	
(State or country)	Production of the	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Address)	and and		
B. BURIAL, CREMATION, OR REMOVAL	wood Sept 18,1937	Manner of injury	
O. UNDERTAKER ATTO SELECTION OF CANADA CONTRACTOR (Address)	in Inc	24. Was disease or injury in any way related to occupation of deceased?	u
0. FILED SEST 17, 19.37	3. 8. Frankli, M. D. Registrar.	(Signed) Canal W	M.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 ,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 0CT 8 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MITHIN COL	REORATE AND STATE OF MADVI AND	CEDILEICATE OF DEATH
infor- state UPA4	1. PLACE OF DEATH	CERTIFICATE OF DEATH 9515
	County allerance	(53-6)
	Village or City Curallelland	No. 203 Chean Dist. No.
.= 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	00. 00. 010	ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME COLYMPIAN ACON	If U. S. Veteran, specify WAR
	(a) Residence: No. 2003 (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 8
ING NENT CTL	5a. If married, widowed, or divorced	(Month) (Day) (Year)
IDING MANENT A C T L N assified.	HUSBAND of Corp HISE of Mala a H CD	22. I HEREBY CERTIFY, June attended deceased from
IN]	Man 1 10 8 14	103/ to 19.37
B] PE	6. DATE OF BIRTH (month, day, and year) 11 Cay 1 Cay	to have occurred on the date stated above, at 10
FOR B] IS A PE stated E properly	53 5 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profession, or particular kind of work done, as SPINNER, Coleman.	Date of onest
TED THIS I be y be k of	SAWYER, BODKKEEPER, etc.	Directly Concuronatores
SERVI NK—T should it may n back	Industry or business in which work was done, as SILK MILL, Muchineth SAW MILL, BANK, etc 11. Total time (years) this occupation (month and this occupation (month and this occupation (month and this occupation).	Currony seat of the care morna, & Un Brown
S 1 5 5 0		Duration: 1/2 mars. Curles
RES NG I AGE that ions o	year) occupation	Other Coutributory Causes of importance:
IN VDII d so . ructi	12. BIRTHPLACE (city or town)	0.7.1.69
TARGIN REUNFADING supplied. AGE	13. NAME Peter Sikson Couden	Primary site
P D H T	13. NAME Jeter Sidson Cowden	Name of operation Date of State of 37.
Life .	(State of County)	What test confirmed diagnosis? Was there an autopsy?
X, WITI carefully EH in pla	15. MAIDEN NAME Sural Hatter 16. BIRTHPLACE (city or town) Seargetown	23. If death was due to external causes (VIOVENCE) filt in also the following: Accident, suicide, or homicide? Date of Injury 19
rily ATH	(State or country)	Where did injury occur?
PLAINLY, W. nould be careful by DEATH in perty important.	17. INFORMANT Mrs Helene Courden	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) 203 Beall St., City 18. BURIAL, CREMATION, OR REMOVAL	
	Place Case Hell Date Sept 10, 1937	Manner of injury
WRITE mation sl CAUSE of TION is	19. UNDERTAKER Lavis Stein Inc	24. Was disease or injury In any way related to occupation of deceased?
ن ا ت	(Address) Cumbuland md	If so, specify
N. S. N. B.	20. FILED Sept 9, 1937 J. F. Franklin, MA	(Signed) M. D.
	Registrar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

In while

WITHIN CO	PORATE LIMITSTATE OF MARYLAND-	CERTIFICATE OF DEATH 9516
infor stat UPA	1. PLACE OF DEATH	CERTIFICATE OF BEATTI
	County Allegans	Registration Dist. No.
item of should of OCC	Village or City worth rland :	8110 6 1
= 0	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and uumber)
CORD. Every PHYSICIANS oct statement	Length of residence in city or town where deeth occurred 4 yrsmos	ds. How long in U.S. If of foreign blrth?yrs,mosds
RD. Every YSICIANS	2. FULL NAME Julia Um Cox	
RD. IYSI stat	(a) Residence No. 842 Columbia	St., Ward.
E H S	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If uonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO Fxact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Y X	OR DIVORCED (write the word)	Seft. 7 193 3 7
TT. Ed.	5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
DIP AN A C ssife	HUSBAND of Charles M. Cox	22. 1 HEREBY CERTIFY, That I attended decassed from
SIN] ERM EX, cla	6. DATE OF BIRTH (month, day, and veer) USA 7 1865	I lest saw h aliva on Sul Dun Reach, 19 ; death is sai
	7. AGE Years Months Days If LESS then	to heva occurred on the date stated abova, atm.
FOR IS A stated proper	61 10 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es follows:
70	8. Treda, profession, or perticular kind of work done as SPINNER	Death one bulded Date of onset
ED HIS	S. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	fund dead on fland
K-T lould may back	Q work was done as SII K MIII	- f
INF INF S sh t it	10. Date deceased lest worked at this occupation (month and spent in this	Coraciony Mondo
ARGIN RESTANTADING INPLIES. AGE ETIMS, so that instructions	yaar) occupation occupation	Other Contributory Causea of importance:
DIN So story	12. BIRTHPLACE (city or town) Thursday (Stete or country)	79
IARGIN UNFADII supplied. n terms, so		The X and regarded 34
	H To the year of the year	
E - E 00	14. BIRTHPLACE (city or town). (State or country)	Neme of operation
1 5 5 5 .	15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to externel causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
INLY, be cal	(State or country)	Where did injury occur?
Id be DEA	17. INFORMANT Derry & Bickmith	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
S PLA Should OF DI	(Address) Completed Ind.	
W 67 W	Place Ane Holl Compete Sell 5, 1937	Manner of injury
WRITE mation s CAUSE TION is	4.4.59	
O. 1 CA	19. UNDERTAKER AND	24. Was disease or injury In any way releted to occupation of deceseed?
S. No. 1	1 1 h DE LOS No C	(Signed) They With Man
> z ()	20. FILED ALGOV 4., 193 J. V. Talland Vin, M. Registrar.	(Address). Court new new

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jacy 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	LA LY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 9517
1. PLACE OF DEATH	93-0
County alle Jony	Registration Dist. No. 6
Village or City Mc Soof	No. St., Ward
(If	death occurred in a norphan or institution, give its IVALVIE instead of street and number)
M' M	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Moss Mand athel Da	won
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White OR BLYORCED (write the word)	() (Dey) (Yaar)
5a. If merried, widowad, or divorced HUSBAND of	22, 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	716 3 1937 to Sep 23 1937
66 DATE OF BIRTH (month, day, and year) D. J. H. 1866	I last saw h. en alive on Sept 25 1937; death is said
7, AGE. Yaars Months Days If LESS than	to have occurred on the date stated above, et 81209 m.
70 9 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
Trade profession or particular	Melinites acute of duration of three weeks
kind of work done, as SPINNER, Jone Keefer	Misocardeles; chronic, Duration
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	thee years. CursiR.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month and	
O this occupation (month and spant in this occupation	
<i>K</i>	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	fulminary or ama sign 10 3
11 13 NAME TO 2 1 17 D 20 12 13	
I I	Name of operation 7000 C Date of
4. BIRTHPLACE (city or town)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Sarah Colonia	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Salah College 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 2001 2 Date of injury 19
State or country)	
IT INFORMANT Lola) Mark	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) We extended to the control of the control	Jum s
18. BURIAL, CREMATION, OR REMOVAL.	Manner of Injury Non C
Place Westernfort, Date Oft, 100, 190)	Nature of injury
19. UNDERTAKER Q.S.B.	24. Was disease or injury in eny wey related to occupation of deceased?
(Addrass) Westernfort md.	If se, specify
20. FILED KISS 2703 Togenhaber mi	(Signed) M. D.
Registrar.	(Address) Tuyses WO
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

Registrar.

(Signed)

(Address)

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The principal cause of death and related causes f importance were as follows: Attack of epilepsy An over by street car	1 week ago
	1 week ago
Run over by street car	1 meet ago
	1 2 week ugo
Peritonitis	3 days ago
other contributory causes of importance.	
fastroenteritis	1 year
	ner contributory causes of importance:

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TARGIN RESERVED FOR BINDING certificate. See instructions on back of mation should be carefully supplied. TION is very important. B

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(159)
County alleguey	Registration Dist. No. 12
Village or City Gullwirk	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. If of foreign birth?
2. FULL NAME Baly Donald	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORÇED (write the word)	21. DATE OF DEATH White 16 Th 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 13 - 37	I last sawh A alive on Sept 16 , 19 J7 ; death is said
7. AGE Years Months Days If LESS than 1 day, 19 hrs. or min.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this per tin this	Premiture Buth Sex 13-37
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Sulmore (State or country)	Other Contributory Causes of importance;
13. NAME Carl Donald	
14. BIRTHPLACE (city or town) Sorany had	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Phyllis Blair 16. BIRTHPLACE (city or town) Maidland MA (State or country)	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Carl Donald R7D not	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place CLS CHILLY Date Selft 16th, 1937	Manner of injury
19. UNDERTAKER Johns Land	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Sopst 16, 1937 R. J. Slake.	(Signed) M. D. CHURCH M. D. (Address) M. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
of hards a manufacture of the same	1921	Run over by street car	1 week ago
E E W	July 5,1927	Peritonitis	3 days ago
OCT I AT			
portance:	S. II	Other contributory causes of importance:	
BUREA	May 1,1923	Gastroenteritis	1 year
100			
	portance:	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

WITHIN COR	PORATE LIMISTATE OF MARVIAND-	CERTIFICATE OF REATH
nfor- state JPA-	STATE OF MARYLAND-	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	120)
ould occu	County allegans.	Registration Dist, No.
item of should of OCC	Village or City Cumberland	No. 12 1 Palk St., 2 -/ Ward
-= °	24 0	death occurred in a horpital or institution, give its NAME instead of street and number)
Every CIANS ement	60 D - 1 ' D-	us. now long in 0.3.11 of foreign bifturyrsmosas.
	2. FULL NAME Classor & June	
RD. YSIC	(a) Residence: No. 121 Gold (Unual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T R	OR DIVORCED (write the word)	Rest 27 193.7
ING NENT CTLY iffed.	5a. If married, widowed, or divorced	/ (Tionth) (Day) (Year)
IDING MANEN A C T I assified	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
ND RMA X A class		1936, to deft 27, 1937
	6. DATE OF BIRTH (month, day, and year) nov 12. 1909	I last saw h le alive on de 27, 19.3 ; death Is said
	7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above at 1 43 05 m.
FOR IS A I stated properlifical	28 9 13 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trade, prolession, or particular kind of work done, as SPINNER.	a p p reft
ED CHIS	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Junustry or business in which	Meleneum firens 1936
VK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SA SA ST	11. Total time (years)	
RES NG I AGE that ions o	this occupation (month and spent in this occupation occupation	ANI ANI
Zars	12. BIRTHPLACE (city or town) Cumberland	Other Contributory Causes of importance:
AD AD d. s, s	(State or country) Mully	
MARGIN UNFADI supplied. n terms, so	# 13. NAME Johert Jink	
b thing	14. BIRTHPLACE (city or town).	Name of operation
TO	(State or country) Tenna	What test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully I'M in pla	15. MAIDEN NAME Jula H Bousd.	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, W be carefu EATH in	15. MAIDEN NAME ula A Boyd. 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury, 19
	State or country) Mill.	Where did injury occur?
A P P P P P P P P P P P P P P P P P P P	17. INFORMANT TOberto Jones	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLAINI should be OF DEA	(Address) 121 Balk Shy Cumberland med	
Sh sh is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Susk Mult Mode Sight 1907	Nature of Injury
-WRIT mation CAUSI	19. UNDERTAKER Jours Stein Inc.	24. Wes disease or Injury in any way releted to occupetion of deceased?
è è	(Addross) Junkfulgrad mid	If so, specify
zó .	20. FILED Sept. 30193) & P. Kauplin M. d.	(Signed) M. D.
> Z (]	Registrar.	(Address) Permitted of
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 8 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
00 0 V S.		1		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	D—CERTIFICATE OF DEATH 9522
County Allegany	Registration Dist. No.
Village or City MA SOLITAL	ND. St., Wa
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?
2. FULL NAME	If U. S. Veleran, specify WAR
(a) Residence: No. Al Luttle fruis	Dasi C Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED Carrie the y	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased f
6. DATE OF BIRTH (month, day, and year) and 7/93	i last saw he elive on self 2 2 1937; death is
7. AGE Yeers Months Days If LESS	than to have occurred on the date stated above, at \$1.00 A.m.
1 day,n	The I WINCH WE CAOSE OF DEWILL and related senses of imbolitaire
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	In factor of the second
9. industry or business in which work was done, as SILK MILL.	a tooping ough
SAW MILL, BANK, etc. 11. Total time (years)	
O this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) On & SUGA	Dther Centributery Causes of importance:
(State or country)	
H 13. NAME SUM SULLER	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? Classical Was there an eutopsystem
15. MAIDEN NAME Maldy Knyerien	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2 Manner of injury
Place Date 9	93-/ Nature of injury
19. UNDERTAKER To June 19.	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Hwaffard haf	if so, specify (Signed) (Signed) (Signed)
20. FILED 7 / 2 3 19 5 / A V 7 (2) (2) (2)	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. 0	RPORATE LIMITS STATE OF MARYLAND	CERTIFICATE OF DEATH 9524
infor- state UPA.	1. PLACE OF DEATH	
=	County allegans	Registration Dist. No.
occ occ	Village or City Cumberland ma	manage Maria
sl sl		death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIAN Sement	2. FULL NAME Jula may Hartman	U If U. S. Veteran, specify WAR
Si Si	(a) Residence: No. 815 Schrüger and	St., Ward.
E H	(Usual place of abode)	If nonresident give eity or town and State
RECORDE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
K. E	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH BY
G. L. L.	Demay while single	(Month) (Day) (Yaar)
IDING A CT assified	5a. If marriad, widowad, or divorcad HUSBAND of	22. I HER BY CERTIFY. That Lattended deceased from
MA A A ass	(or) WIFE of	alug. 79 1937 10 Dekt 9 1937
BINDIN ERMANI EXACI y classific	6. DATE OF BIRTH (month, day, and year) Feb 27, 1887	Hastsawh er alive on Rept 9, 1937; death is said
T T E	7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 3.4.5.m.
FOR IS A I stated proper certifica	50 6 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
	8. Trade profession or particular	Date of onset
VED -THIS ild be ay be ck of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Verlenonor Embolique
RV] ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
RESER G INK- GE shou that it m	SAW MILL, BANK, etc	Sudden death, during a blood transfer-
ES IN	O 10. Data deceased last worked at this occupation (month and yaar)	Sion's Quely P.
4 - 0	100 (4 5 (4)	Other Contributory Causes of importanca:
IN IO Solution	12. BIRTHPLACE (city or town) (State or country)	This potient was being given a blood transfu-
NFA NFA pplied erms, instri	1	sion, proporatory to hystorestony for bleeding
		- febroid reterns.
= = 70	14. BIRTHPLACE (city or town) (State or country) MANAMANA	Nama of operation
WITH fully n pla		What test confirmed diagnosis?
a ii e	=	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
EATH	O 16. BIRTHPLACE (city or town) (State or country) Marinan	Accident, suicide, or homicide? Date of Injury, 19
PLAKELY, hould be car OF DEATH very import	Mars a bai Oll is to 1	Where did injury occur? (Specify city or town, county and State)
T DE V	17. INFORMANT // (Address) (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Should OF D.	18. BURIAL, CREMATION OR REMOVAL	Manage of infuser
TTE IN SEE	Place Strukes tem Data Sept 13,137.	Manner of injury
-WRITE mation s CAUSE TION is	1 1	
E CA	19. UNDERTAKER Julis Stein Inc. (Addrass)	24. Was disease or miury in any way refated to occupation of deceased?
B	66412 - OP- to 60. mg	If so, spacify (Signar Willet Curs M. D.
» z ()	20. FILED (1936), 193 f Frankling Registrar.	(Address) 122 So Cutro St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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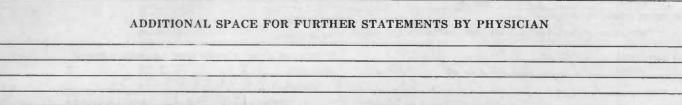
11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MIREAU V. S.				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

pe

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

AGE should be

of OCCUPA.

Exact statement

1. PLACE OF DEATH	
county allegany	Registration Dist. No.
Village or City Walantoun md.	A .
Langth of rasidance in city or town whara daath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME albin Storge Harrie	If U. S. Veteran, specify WAR
(a) Residence: No. 90 Cronstrong DV (Usbripiace of alytic)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Anne Hawkees	1 HEREBY CERTIFY. That attended decaesed from
6. DATE OF BIRTH (month, day, and year) Luce 26 1865	I last law h aliva on 9 - 2 / 19.37; deeth is said
7. AGE Yaars Month Days If LESS then	to have occurred on the date stated above, at 11:30.4
72 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importence
8. Trade, profession, or perticular	were as follows: Date of oneet
kind of work done, as SPINNER,	56/5/
9. Industry or business in which	14
work wes done, as SILK MILL, SAW MILL, BANK, atc	7.50
Date deceased last worked at this occupation (month and spent in this	195)
yaar) occupetion	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) lated	f f
(State or country)	arily Sellosis
13. NAME Richard Hawkins 14. BIRTHPLACE (city or town) England	
14. BIRTHPLACE (city or town)	Nama of operation Deta of
(State of country)	What tast confirmed diagnosis 2 Was there an autopsy? My
# 15. MAIDEN NAME Mary Uhn Morgan	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME mary and morgan	Accidant, suicida, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Ungre Flores	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Grahafitous Md. 18. BURIAL, CREMATION, OR REMOVAL	Market Branch
Plece Ollegares Cens. Date Dept. 27, 1937	Menner of Injury
0010	Nature of injury
19. UNDERTAKER A: A CHURST (Addrass) Trustle na Ma.	24. Wes disaase or injury in any way raletad to occupation of daceased?
20, FILED 9-27, 1939 mrs. a. JR. Haller	(Signed) MONIFORD M.D.
Registrar.	(Address) + About A Mill
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	EOR	FURTHER	STATEMENTS	RV	PHYSICIA	N
ADDITIONAL	DI AUE	TUR	PURLIER	DIALEMENTS	DI	FRISIOLE	771

B.—WRITE PLA V. S. No. 1

1. PLACE OF DEATH	(12)0)
County allegans	Registration Dist. No.
Village or City Curallelland	No. allegung huspital 4-/ Ward
	(Il death occurred in a hospital of institution, five its NAME instant of street and number)
Length of residence in city or town where death occurredyrs	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME_Trederick H Herpe	LE If U. S. Veteran, specify WAR
(a) Residence: No. 545 Henderson Col	st., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Dey) (Yaar)
5e. If merried, widowad, or divorced HUSBANO of	22. / I HEREBY CERTIFY, Thet Lattended deceased from
(or) WHE of Clara Grendlinger	Slpt 2 1937 to slpt 6 1937
6. DATE OF BIRTH (month, day, end yeer) 100 1894	I last saw h king alive on Left 6 1937 death is seld
7. AGE Yaars Months Deys If LESS then	to heve occurred on the dete stated above, et
53 8 8 1 dey,hi	THE PRINCIPAL CAUSE OF BEATH ENG TELEGICA CAUSES OF HISDORESICE
2 Trade profession or particular	were es follows: Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Intestimed Hebruch
A Industry of Dusiness to which	
SAW MILL, BANK, etc.	
	a v
yeer) occupetion	Other Centributery Causes of importence:
12. BIRTHPLACE (city or town)	Strangulated 8 mall
(Stete or country) Mid.	- gut o
13. NAME Christopher & Herpick	D. J.
14. BIRTHPLACE (city or town)	Nama of operation of agolin Oate of Delto of Del
(State of country)	Whet test confirmed diagnosis? Junale Wes there en europsy? 20
15. MAIDEN NAME Clinabeth Clice	23. If deeth was due to external causas (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Clinabeth Cice 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Dete of Injury
Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mers Clara Iderput.	Spacify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cunkerly mk	
Place Guel Till Deta Sept 9, 193	Mannar of Injury
TO HADDENTAKED LANGE ALLE AND	24. Wes diseesa or injury in any wey releted to occupation of deceased? 210
19. UNDERTAKER ALLE STEELS STE	If so, spacify
holde and Official in	(Signed) M. G. Grasic M. D.
20. FILED 19 9, 19 3 2 . In Marin , 11 - A. Registrar.	(Address) Cumberland

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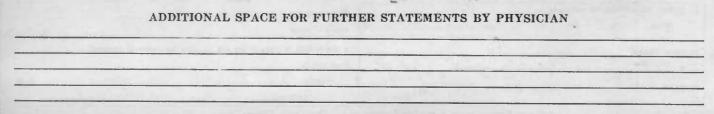
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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2027	1915	Attock of epilepsy	1 week ago
Chronic interstitial ne	ephritis UV	1921	Run over by street car	1 week ogo
Cerebrol hemorrhoge	T BUREAU V. S.	July 5, 1927	Peritonitis	3 days ogo
	The second secon			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gostroenteritis	1 year



CORPORATE LIMISTATE OF MARYLAND—CERTIFICATE OF DEATH WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inform efully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

	1. PLACE OF DEATH	3
-	County allego	Registration Dist. Np. 4
	Village Dr City Cumburd	ND. St., 4-/ Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?wrsds.
	2. FULL NAME plant Thomas object	
	(a) Residence: No. 180 minlow	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Vear)
certificate.	a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	I HEREBY CERTIFY, That I attended deceased from 1927, to, 1927; death Is said to have occurred on the date stated above, at, 1927; death Is said to have occurred on the date stated above, at, 1927; Date of onset
ructions on back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Dete deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Thomas Butt	Other Contributory Causes of Importance:
	14. BIRTHPLACE (city or town) Cursh	Name of operation Date of
See	(State or country)	What test confirmed diagnosis? Was there an autopsy?
ON is very import	15. MAIDEN NAME Betha Jaylar. 16. BIRTHPLACE (city or town). Character (State or country) 17. INFORMANT Mar Thomas Hurth (Address) Character Market (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Character Market (Address) 19. INDEPTAKED THE STATE OF THE STAT	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
-	19. UNDERTAKER (Address) (If so, specify (Signed) (Address) 4 (Second Second M.D.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.-WRITE PLANKY,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 6 1937			3 8
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	97
County (leghany	Registration Dist. No.
Village or City Danson, Md.	No. St., Ward
Length of residence in city or town where death occurred 75-yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How tong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anna Mary Dy	de
(a) Residence: No. Sarla	St.,Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
5a. tf married, widowed, or divorced HUSBAND of (or) WIFE of 7/4 Aux of Medicine Surely Huse	22. I HEREBY CERTIFY, That I attended deceased from
	I last saw h alive on Set and 31, 1937; death is sai
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	
7 11 19 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Janual pelper	- Corange upos
9. todustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
11. Totat time (years) this occupation (month and spent in this	, , , , , , , , , , , , , , , , , , , ,
year) occupation	Other Contributory Causes of importance: Acute undi-
12. BIRTHPLACE (city or town)	gislin
(State or country)	,
14. BIRTHPLACE (city or town) Jankshawan	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Caspling Steels	23. If death was due to external causes (VIOLENCE) filt in elso the following:
16. BIRTHPLACE (city or town) Want (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Stasies E. Hylle (Address) Buton mid	Specify whether injury occurred in tNDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Laisell Sill Date Sept. 6, , 19	7. Nature of Injury
19. UNDERTAKER D. Bage	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Sartan Ma	If so, specify
20. FILED Seles 4. 1927 S. a. Bouche	(Signed) S. a. Boucher M.
Registrar.	(Address) Dorlow, Ind.

S. No. 1

B.-WRITE

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7. PHYSICIANS should state Exact statement of OCCUPA.

classified.

properly

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

D. Every item of infor-

UNFADING INK-THIS IS A PERMANENT REUPPlied. AGE should be stated EXACTLY.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: *Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH	53.
County Allegany	Registration Dist. No.
Village or City Camberlan	d No.3 / Treese St. 1-3
Length of residence in city or town where death occurred 44 tyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Grent Dueta, Hr	
	If U. S. Veteran, specify WAR
(a) Residence: No. 37 Grunl (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	e word) 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harold Styde	22. A HEREBY CERTIFY That I attended decease
0 1	24 1 4 - 190 1, to alf 1, 19
6. DATE OF BIRTH (month, day, and year) July 2	1 last saw half alive on Sept., 193; death
	SS then to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
44 7 23 or	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Callecono - celebra sin
2 9. Industry or business in which	Y
O P	
O this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Our Meland	
~ D 1 1 D 11 +-	rac.
13. NAME Street T. Week	
14. BIRTHPLACE (city or town)	Name of operation Macel Date of
	What test confirmed diagnosis? Was there an autopsy?
T CONTRACTOR OF THE PROPERTY O	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
6.0.10.+	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT MS CAMPAGE (Address)	Openis whether hijers occurred in thousant, th nome, of in rustic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Aros It Il lind Date Sight 7	7, 1927 Nature of Injury
19. UNDERTAKER Krino Stein Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Combined	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

-WRITE PL

V. S. No. 1 m ż Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	-	0	1)
3	C	15	U
0	4.0	4	

1. PLACE OF DEATH	- Plia	9
County allegany	Registration Dist. No.	
Village or City A Danilbury		St.,Ward
	death occurred in a hospital or institution, give its NAME instead of stree	
2. FULL NAME Fam. Janla 9	If U.S. Veteran specify WAR.	
(a) Residence: No. H. G. Brown States	St. Ward.	BANA
(d) Residence, No. (Usual place of abode)	If nonresident give city or tov	vn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5	, 193
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of C. C. Jacobs	22 I HEREBY CERTIFY, That I am	tended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	A A A	9.32; death Is said
8/ - 26 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
1 9 Trade profession or particular	Franking of Let	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at 11. Totel time (years)	Junero	143)
10. Dato deceased last worked at this occupation (month end year)		
The DIDTURE OF (city as town)	Other Contributory Causes of Importance:	
(State or country)	- Senility	
II 13. NAME John I Janla	Chr misocardile	2 7
13. NAME The Many State of Sta	Name of operation Da	te of
(Stete or country)	What test confirmed diagnosis? Was the	ere an autopsy?
15. MAIDEN NAME & Leave ME Called	23. If death was due to external causes (VIOLENCE) fill in also the fo	ollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicided. Called Date of injury	/ Neg! 19.3.7
(State or country)	Where did Injury occur? (Specify city or town, county	and State)
17. INFORMANT Man John John John Man (Address)	Specify whether Injury occurred In INDÚSTRY, in HDME, or in PÚB	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury Feld on St	B
Place Destroy Date Jeff 7, 1917	Nature of injury. Injured. Urs	ba :
19. UNDERTAKER J. J. J. Durist	24. Was disease or injury in any way related to occupation of deceas	ed? 20
(Address) (Transtang had	If so, specify	10 "
20. FILED 7 19.37 SMD . U. X , Valux Registrar.	(Signed) (Address) - F	/mc1
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	16 4 4000	Other contributory causes of importance:	
Guisiones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS Exact statement

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

B

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	pr	0	-0
- 14	1	3	7
~	U	U	A.

1. PLACE OF DEATH	82:00
County allenauy	Registration Dist. No. 12
Village pr City Harrotte	No. Dans mountain St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME ORIGINAL UNEWS	if U. S. Veteran, specify WAR
(a) Residence: No. Londoning h	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 / Of (Month) (Day) (Year)
ba. If married, wildowed, or divorced HUSBAND of (or) WHEE of John Jenkense	22. SUST HEREBY CERTIFY That I attended deceased from 1937, to Sust 21, 1937
6. DATE OF BIRTH (month, day, and year) may //- /859	I last saw h La alive on Sunt 2 d 2, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 4 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	arteris sclesses July 935
SAWYER, BDDKKEEPER, atc.	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last workad at this occupation (month and year) Occupation 474	10)
mati Sougas made	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Electric approach short st
	-
E - (*)	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LARROWN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT OWN HUMBUR (Address) Sonoconna - WA	Spacify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ally any Date Sept. 23, 1937	Manner of injury
19. UNDERTAKER Day Hack Haler	24. Was disaase or injury in any way related to occupation of decaased?
(Address) 2 Johns - 122	If so, spacify
20. FILED Sept 22, 19 37 R J Sluke Registrar.	(Signed) M. M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	7 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1227	Peritonitis	3 days ago
KI KEAU Y	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PL

V. S. No. 1

TION is very important. See instructions on back of certificate.

tD. Every item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 9532
1. PLACE OF DEATH	(159)
County Allegony	Registration Dist. No.
1.11 1/1 0 1	
Village or City - Labor Parter x Port	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ALL DELON	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louise Jones	If U. S. Veteran, specify WAR
(a) Residence: No. Westernpart (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SEPT 27 193 7 (Month) (Oay) (Year)
5a. If merried, widowed, or divorced	(month) (bay) (tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
	Sept. 27 , 1937 to Sept. 27 , 1937
6. DATE OF BIRTH (month, dey, end yeer) Sept. 27, 1937	I lest saw h_cr_ elive on SePt 27 , 1937; deeth is sald
7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, et 10:00 Am.
1 dey,min.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trade profession, or particular	vere as rollows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	le mo aestation
9. Industry or business in which work wes done, es SILK MILL,	A STATE OF THE STA
work wes done, es SILK MILL. SAW MILL, BANK, etc.	
O Date deceased last worked at this occupation (month end Classes) spent in this occupation occupation	
ALLY Y	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	100 W
I 13. NAME Unknown	
13. NAME Unknown 14. BIRTHPLACE (city or town) 4. PANT Uille-md	Neme of operation
(Siete of County)	What test confirmed diagnosis? History TEXTWes there en eulopsy?
15. MAIDEN NAME Glendane Jones	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME FIEN SEINE SONES 16. BIRTHPLACE (city or town) Frank VIII - md (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Salepredine Jones	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION OR REMOVAL	Menner of Injury
Plece Rilos Dete Sept. 27, 1931	Neture of Injury Rouse
19. UNDERTAKER & - R. Soule	24. Was disease or injury in any way related to occupation of deceased?
(Address) The externetors, and	If so, specify 200
20. FILEO Lipy 27, 1937 Glodyna & 2018	(Signed) Piedmont for va

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	73	Example II	
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Arteriosclerosis CT 4 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 6 1937	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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S1. PLACE OF DEATH	92-9
County Ellesheny :	Registration Dist. No.
Village or City Cumberland, Mil	No. No. Warde J. Cash Valley St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME TWOCKE J. Keidel	
(a) Residence: No. Curreleland Md. R (Usual place of abode)	./.St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Se. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Sar)
HUSBAND of WIFE of Wellie Keidel	22. I HEREBY CERTIFY, That I attanded decaased from 1927, to Sept. 3 1927
6. DATE OF BIRTH (month, day, and year) May. 3 1892.	I fast sew h eliva on Sept 8 , 19.3 2; daath Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 200mm,
45 6 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decayation (month and the second in this	W Clubin Classific Real
9. Industry or business in which work was dona, as SILK MILL,	Rules Greet France
SAW MILL, BANK, etc.	11-1-11
10. Date dacaasad last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	Chant 1 to the
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Altanal
	Plund Down
13. NAME (omad Keidel. 14. BIRTHPLACE (city or town) Germany	Name of assertion
14. BIRTHPLACE (city or town)	Nama of operation Date of What tast confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Caroline Breacker	23. If death was due to externel causas (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Caroline Broesecking 16. BIRTHPLACE (city or town) Med.	Accident, suicide, or homicide? Dete of injury 19
(Stata or country)	Where did injury occur?
17. INFORMANT Seates Aresh (Address) \$56 mil an e. Compley land	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL DREMOTED, DR REMOVAL Placa Glencol, Ja R.D. Data Left 15, 1937	Manner of Injury
19. UNDERTAKER John M. Johnson	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Beller & Pao	If so, specify
20. FILED Sept 13. 19 37 J. C. Tranklin M. h.	(Signed) Helling S. lamo M. D.
Registrar.	(Addrass) 41 Same St Carlet

B.-WRITE

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis 1	3 days ago	
		HORALS	2 2 2	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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m

19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

If so, specify

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT 6 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitud nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
A manufacture of the same of t				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	RPORATE LIMISTATE OF MARYLAND-	CERTIFICATE OF DEATH 9536
infor state UPA	1. PLACE OF DEATH	
	County allegany	Degistration Dist. No.
Should f OCC		Registration Dist. No.
sho of C	Village or City Courtesland	No. 2 St., 4 -/ Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7.0	Length of residence in city or town where death occurredmrsmos	ds. How long in U.S. If of foreign birth?mosds.
RD. Every YSICIANS statement	2. FULL NAME William Lee, Ke	iglet
or E		Ward
RD IYS sta	(a) Residence: No. 20/ Cuartes (Usual place of abode)	6t., Ward. If nonresident give city or town and State
COR PHY net st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO. PH.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
EX	Walo White ORCED (price the word)	Septemer 14 193/
E T E	5a. If married, widowed, or divorced	(Month) (Day) (Year)
A C Ssific	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
BINDIN ERMANI EXAC y classifi		, 19, to, 19,
BI E E	6. DATE OF BIRTH (month, dey, and year) / Sau 5 1936	I last saw h elive on ; death is said
FOR E IS A Pl stated broperly certificat	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
FOR IS A I stated proper ertifica	8 9 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
0 00 00 00	8. Trade, profession, or perticular kind of work done, as SPINNER.	Af A A
ED HILL	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Curera Supritività
RESERVEI G INK—THI GE should be chat it may be ns on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	
SE Short	Date deceased lest worked at 11. Total time (years)	
RES AGE that ons o	this occupation (month and spent in this occupation corupation	
NATO	(O Parla d	Other Contributory Causes of importance:
GIN FADIN ied. ns, so tructi	12. BIRTHPLACE (city or town) (State or country)	
ARGJ JNFA pplied erms, instru	13. NAME Www. M. Kright	
Q: - 2	I I	
M. rrH U ly su lain t	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	al	What test confirmed diagnosis? Was there an autopsy?
a 4	15. MAIDEN NAME LIGHT VILLAGE 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
Call Call	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
INLY, be car EATH import	ON 911 12 'C	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT / Kore / Mr. funglist	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
Should OF D	18. BURIAL CREMATION, OR REMOVAL	
L S]	Place Pleasant Valley Date Play 16 1937	Manner of injury
-WRIT nation CAUSI		Nature of injury
-WRITE mation s CAUSE TION is	19, UNOERTAKER Ages Slout due	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) Queltiland Mg	If so, specify
88. 2	20. FILEO Slp 1/6, 193) & T. Manklin, M. N.	(Signed) The Gallery and Some 2M. D.
PA	Registrar.	(Address) MACX

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Special region was the displacement to		Example II	
The principal cause of death and rela of importance were as follows:	ted causes	Date of poset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	0 1951	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BALL V.	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importa-	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY P	PHYSICIAN
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WILLIAMS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS 1	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

9538

1. PLACE OF DEATH	(92-02)
County allegany	Registration Dist. No.
Village or City La Valle md	No. A Vall Mary M. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	des. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Lauise Knoyen	If U. S. Veteran, specify WAR
(a) Residence: No. La Vale (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of George Froger	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) may 22-1866	I last saw h alive on 1937; death is said
7. AGE Years Months Yays If LESS than	to have occurred on the date steted above, at
7/ 3 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Murue Endorandet
work was done, as SILK MILL, SAW MILL, BANK, etc	and i
10. Date deceased last worked at 11. Total time (years)	an imprante
O this occupation (month and spent In this occupation	Cardine Because
to minute to de la continue 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13, NAME Chian alexander	
E Cara and and and and and and and and and an	Normal and a sealth
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Athern Aothins 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mas Comma Long (Address) Long md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trooling Md Date Sept 19937	Nature of Injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
(Address) () Joseph md.	If so, specify
20. FILED Stept. 13, 1937 Janklen, M.A.	(Signed) M. D.
Registrar.	(Address) T. T. M. Calabata

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU			4
Other contributory causes of importance:		Other contributory causes of importance:	7.000
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

FOR BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example H

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

V. S. No. 1

BINDING

RESERVED

ARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CE OF DEA					31)	.6
		LEGANY				Registration Dist. No	7,,
Villa	ge or City	DUMBER LA	NI, MD.	(1	No. MINORI f death occurred in a hospita	AI HOSPITAL St. I or institution, give its NAME instead of street 1 U.S. if of foreign birth? yrs.	6 6 Ward
	L NAME	COTT O	MAS G.			Veteran, specify WAR	
	Residence: No		RY ST.	OT DET	St., Ward		
			(Usual place	of abode)		If nonresident give city or town	
3. SEX			ICAL PARTI			CAL CERTIFICATE OF DEAT	A
MAI	E W	OR OR RACE	OR DIVORCE	RIED, WIOOWED, D (write the word)	21. DATE OF DE	SEPT. 29 19 (Month) (08y)	937, 193(Year)
5a. If marries HUSBA (or) WI	d, widowed, or dive NO of FE of	U 2.	WORKWA	IV	Debt 45	REBY CERTIFY, Thet atter	ided deceased from
6. DATE OF	BIRTH (month, da	v. and vear)	MAY 9	1883	last saw here ali	ve on Sept 129, 19	death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the	date steted above, at 3:10 m. 16.	
,	54	4	20	1 dey,hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH end related causes of importance	Date of onset
10. Date	le, profession, or p kind of work done, SAWYER, BOOKKE! stry or business livork was done, es: SAW MILL, BANK, deceased last wo his occupation (mo rear)	es SPINNER, EPER, etc	spe	CORP • ime (years) nt in this upation	Chron		
	.ACE (city or town) e or country)) <u>1</u>	J.VA.		Other Contributory Cana		****
2 13. NAM	E	HEWTON	LEWIS				
	HPLACE (city or to (State or country)	own)	W.VA.	• · · · • • • • • • • • • • • • • • • •		pnosis?	
2 15. MAII	DEN NAME	MARY-	renturo	un -		xternel causes (VIOLENCE) fill in also the folio	
_	HPLACE (city or to (Stete or country)	own)	VA.		Accident, suicide, or how	nicide? Dete of Injury	
17. INFORMA (Add		ORTAL I	and the same of the same of		-	occurred in INDUSTRY, in HOME, or in PUBLI	C PLACE.
18. BURIAL,	CREMATION, OR	// - ///	upate Och	V V 1937	N .		
	4	7	110	1	24 Was disease or injury	in any way related to occupation of deceased	12

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NIT	HIN CO	RPORATE LIMISTATE OF MARYLAND-	CERTIFICATE OF DEATH 9542
	ould state.	1. PLACE OF BEATH	(159)
1	n p c c c c c c c c c c c c c c c c c c	County / Thele gang	Registration Dist No.
7	should of OCC	Village Dr City Andberland	No. Ward death occurred in a hospit or institution, give its NAME instead of street and number)
	70	Langth of rasidence in city of town where death occurredyrsmos.	
	Every CIANS ement	2. FULL NAME Baby Girl relevel	1f U. S. Veteran, specify WAR
	YSI Stat	(a) Residence: No. Than (Usual piece of abode)	St., Ward. If nonresident give city or town and State
	KECO Fract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	, X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (rear)
NG	ACTLY assified.	5a. i1 marriad, widowad, or divorced	
Id	A C A C issi	HUSBAND of (or) WIFE of	22. I/HEREBY CERTIFY. Thet Vattended daceased from
BINDING	ZXZ .	6. DATE OF BIRTH (month, day, end year) Jule 11-1937	i last saw h. e. laive on 207 11 1952; death is said
, ,		7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.2.m.
FOR	stated properl	1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70		8. Trade, projession, or particular kind of work done, as SPINNER,	
RESERVED	d be y be k of	SAWYER, BDDKKEEPER, etc.	Trematerity (7/2 hos bos to how) 9-11-3/
RV	should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, etc.	/
SE	it sh	O 10 Date deceased lest worked at this occupation (month and spent in this	
RE	AGE that ons	yaar) occupation occupation	Other Contributory Causes ol importance;
2 4		12. BIRTHPLACE (city or town) Authorition	
GIN	ied. ied. ns,	(State or country)	
A H D S		13. NAME Frank believellyn	2.2.12
1	in su	14. BIRTHPLACE (city or town) with (State or country)	Name of operation. Data of
	= a .		23. It deeth was due to external causes (VIOLENCE) fill in also tha lollowing:
	INLY, W be carefu EATH in important	15. MAIDEN NAME Leva Smith 16. BIRTHPLACE (city or town) Romney (State or country)	Accident, suicida, or homicide? Date of injury, 19
	e ca	(State or country)	Where did injury occur?
	PLAINLY, hould be car OF DEATH very import	17. INFORMANT South Lelewellyn (Address) Parvines my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL	Mannar ol injury
		Placa Silv Cem Date Sept 13937	Nature of injury
	-WRIT mation CAUSE TION i	19 UNDERTAKER G. S. Butter	24. Was disease or injury in any way related to occupation of deceased?
	LEOF	(Addrass) Cubuly of mil	Il so, specily
0/2	z O	20. FILED Sept 13, 1937. D. J. Sanklin M. Registrar.	(Signad) Casthur 7 July M. D. (Addrass) 40 kg Start 5 V.
		If more blanks are needed, address State Registrat,	2412 N. Charles Street, Baltimore, Requesting &. S. No. 2.

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Chronic interstitial nephritis OCT 8 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

AARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

	OF DEATH		(193)	
County	allegons		Registration Distr No.	7
Village o	r City from then	land	No. Cellegum Sorpias St., 4	-/Wa
Length of	residence In city on town where		(If death occurred in a the pitel or institution, give in NAME instead of street and los	
2. FULL N	IAME Habeata	Tranklika to too	uan If U. S. Veteran, specify WAR	
	lence: No 500 Ka	a lease of	St., Ward.	
(a) nesid	rence. No. 2001	(Usual place of abode)	If nonresident give city or town an	d State
PERSO	DNAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (with word)	21. DATE OF DEATH (Month) (Day)	_, 1937 (Year)
HUSBAND o		la	22. 1 HEREBY CERT1FY, That attended	deceased fr
(or) WIFE of	sine	rie	Dest 16 1937 to Best 1	7 19 3
6. DATE OF BIRT	(Month, day, and year)	auch 4, 1932	I last saw h have alive on seft 17 1 1937	; death is s
7. AGE	Years Months	Days If LESS than	to have occurred on the date stated above, at3Pm.	
	0 6	13 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of on:
8. Trade, pr	ofession, or particular of work done, as SPINNER, C	0.01		
	ER, BOOKKEEPER, etc.	ucq	A DO Que de la compania	- seys
a work	was done, as SILK MILL, MILL, BANK, etc		Thousand discount	
U 10. Date dec	eased last worked at ccupation (month and	11. Total time (years) spent in this		
year)		occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE		repland	A A A A T	seff
(State or	country)	4	- Dorte Pyello negution	/
13. NAME	and of u	leman	_ Natistory of an infection preceding the fyelo-	
	ACE (city or town).	nergano	Name of operation That, and twomen aut & Date of	
œ	e or country)	21 109	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN	NAME GEORGIA	Allan	23. If death was due to external causes (VIOLENCE) fill in also the following	_
	ACE (city or town)	Marianse	Accident, suicide, or homicide? Date of Injury	, 19
	nu 10 -	7	Where did injury occur? (Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ste)
17. INFORMANTO		Wan !	Specify whether injury occurred in INDUSTRY, in HOME, of in Public P	LAUE.
18. BURIAL CREM	MATTON OR REMOVAL	10 4	Manner of injury	
Place.	Felia Mando	Pala 4 70, 195	Nature of Injury	
19. UNDERTAKER	Jacob Har	land	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED	b/20,1937 Q-	P. Franklin, M. Registrar.	(Signed) Guntaland	lud
	If more	blanks are needed, address State Registr	17, 2411 N. Charles Street, Balsimord, Requesting V. S. No. 1.	

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OCT 6 1837			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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OF DEATH

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BUREAU V. S.	(
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT REC

AGE should be

supplied.

TARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	County	celega	my		700	Registration Dist. No.	9
	Village or City	monde	en			titution, give is NAME instead of stree	t., 4- j
	Length of residence in o	ity or town whare	death occurred	yrsmo	ds. How long in b.s. i	1 of loreigh-birth?yrs	mos
2. 1	FULL NAME	Xus	ell)	* mo	rrouch		
	(a) Residence: No.	608 V	Nume Usual place	a are	C. St., Ward.	If nonresident give city or tow	m and State
and the same	PERSONAL AN	ID STATIST			MEDICAL	CERTIFICATE OF DEAT	
3. SEX		OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEAT	1 /	
m	1100 11	, O. t.	OR DIVORCE	D (write the word)	^	(Month) (Day)	, 193
5a. If	married, widowed, or div USBAND of	orced		0			
(or) WIFE of	- 6.1	,0	105/	22. I HEREE	BY CERTIFY, That I att	endad decease
		8	New. 6,	4 27	Llast saw h alive on	19 17, to	19 17 death
6. DAT	Years	Months	Days	II LESS than	to have occurred on the date st	4	La_/; death
1. AGE	, 16013	4	27	1 day,hrs.	The PRINCIPAL CAUSE OF DE	EATH and related causes of importance	e
1 . 1 8	3. Trade, profession, or p	1 0	1 ' '	ormin.	were as lollows:		Date
NO	kind of work done SAWYER, BOOKKE	as SPINNER.			Enten	Ass	
0 1							
131>	SAW MILL, BANK,	etc	11 Total ti	ime (years)			
0 1	this occupation (m	onth and	spe	nt in this upation			
		0,,	2 . 0	0	Other Contributory Causes ol is	mportance:	
12. B1	RTHPLACE (city or town (State or country)) cum	m		Van O.		
<u>د</u> ا	B. NAME CAR	ma	RALLE	. 0 .	-		
프	I, BIRTHPLACE (city or	own)			Nama of operation	Vine Dat	a ol
IT I	(State or country)	au	stria		What test confirmed diagnosis?	00	ra an au'opsy
置 15	. MAIDEN NAME	able C	ralities	2	23. If death was dua to axternal	causes (VIOLENCE) fill in also tha 1o	llowing:
OTHER 15	6. BIRTHPLACE (city or	own)			Accident, suicide, or homicide?	Date of injury	, 19
Σ	(State or country)	Wes	t va		Where did injury occur?	(Specify eity or town, county a	ad State)
17. IN	17. INFORMANT Juli mukanuch				Specify whether injury occurre	d in INDUSTRY, in HOME, or In PUBL	IC PLACE.
10.00	(Address)	28 Diag	mial a	me.			
18. 80	Place Country or	REMOVAL (Date Sen	上五 133	Manner of Injury	-0-0-7000400-0-0	
-	P	, 0.4	- 1	The state of the s	Nature ol Injury		110
19. UN	DERTAKER OLL	ig s	ly I	ne.	-	y way related to occupation of decease	ed?
	(Address)	muerl	ond	no.	(Signed)	la B. Jahre	
20 511	ED Deat. 4	19.22 30	o. o. Jack	week to	(Digitou)	7 000	A A

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Other contributory causes of importance:		Other contributory causes of importance:	
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to outter	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	Cette, under trankle
10/22/37.	And also forthe Cent on Tille. B.	
1 1		

1. PLACE OF DEAT

(Address)

Registration Dist. No."
No. memorial Hotalos 6-6 Ward
death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long In U.S. if of foreign birth?yrsmosds.
If U. S. Veteran, specify WAR
St., Ward. Willesshing Ta. If nonresident give tity or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Mooth) (Day) (Year)
22. 4 I HEREBY CERTIFY, That Lattendad deceased from
Sept 19 18/ 10 Jept 200 1927
I last sew hours alive on Se has 30 1937; deeth is said
to have occurred on the date stated above, etm.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows: Last is lost struction Date of amore)
115 emila 9/39/37
(,
Other Contributory Causes of importance:
acert & sugery as affected \$1843)
Chame Treplester,
- p
Name of oparetion
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in elso tha following:
Accident, suicide, or homicide?
Whera did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
••••••••••••••••••••••••••
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M.D.
(Address) Chriller Chip.

B.

Registrar.

TE OF MARYLAND—CERTIFICATE OF DEATH

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Example I			Example II	
The principal cause of of importance were as			The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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	of	
	item	
	Every	
	RECORD.	
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EX.	IN	
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J	TH	

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

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mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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3	5	4	1	
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1. PLACE OF DEATH	(131)	
County Celleg any	Registration Dist. No. / O	
Village or City My Savey	NoSt	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number	r)
() (-11) -1	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME The Marlin	y	
(a) Residence: (10. White (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
OR DIVORCED (write the word)	9-6	7
5a. If married, widowed, or divorced	(Month) (Day) (Y	(éar)
HUSBAND of Roshel Martin	22. I HEREBY CERTIFY, That I attended decease 4-8, 1937, to 9-6	sed from
6. DATE OF BIRTH (month, day, and yeer) Q & S -1869	I last saw h. / M. alive on 9-6 ,19-37; deat	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:40 Pm	11 13 3010
66 10 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	ofonsat
kind of work done, as SPINNER,	9.7	. /
Industry or business in which	arigua feloria	137
work was done, as SILK MILL, Merchant	myocartis algereration 4	8/51
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation	Clarente interes reflectes	
In - P	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	arthus celerosis.	
i i i i i i i i i i i i i i i i i i i		
I 13. NAME / Young Martin		
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autopsy	?
15. MAIDEN NAME Marthy Transport	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Martha Transcer 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, f!	0
(State or country)	Where did Injury occur?	3
y h	Specify/rity of town county and Santa	
(Address)	Specify whether injury occurred in INDUSTAY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	***************************************	
Plece Ly D Date Self 9 1937	Manner of injury	
O day of the	Nature of injury.	
19. UNDERTAKER	24. Was diseese or injury In eny way related to occupation of deceased?	
(Address) (And they make	if so, specify	
20. FILED 977 1937 Harboratter Mis	(Signed) / Fi O alulu	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis .	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLA

certificate.

TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9548		
	(6°T)		
County Allgary	Registration Dist. No		
Village or City LARLES #	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Langth of residence in city or town where death occurred			
2. FULL NAME Sara alsgua Mat	thewast U. S. Veteran, specify WAR		
(a) Residence: No. Mikefa (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Prace /6,1901 7. AGE Years Months Days If LESS than 1 day,	I last saw h last alive on		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (montk and year) spant in this occupation.	Exophilhalinia Billi		
12. BIRTHPLACE (city or town) (State or country) 13. NAME Peter Initiations	Other Contributory Causes of importance:		
13. NAME Leter Matthews 14. BIRTHPLACE (city or town)	Name of operation Data of		
(State or country) Anaryland	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Justa Isothwell 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?		
17. INFORMANT IND. David Qualinews	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Places assel Still Centergy Sept. 5, 1937	Manner of Injury		
19. UNDERTAKER My Cichham Mas	24. Was disease or injury in any way related to occupation of daceased? 21.0.		
20. FILED Selet J, 1927 S. a Bouchar Registrar.	(Signed) Ithron M. D. (Address) Donacount, m.		

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

NA SEE BY	STATE OF MARYLAND—	CERTIFICATE OF DEATH
item of should of OCC	Village or City Currelettend (16	No. Color Registration Dist. No death occurred in a horpital or tabilitation, and its NAME instead
D. Every SICIANS tatement	2. FULL NAME Baly Girl Mc Gaye (a) Residence: No.	ds. How long in U.S. if of foreign birth?yrs # / If U. S. Veteran, specify WAR St Ward. Pudnuss
S Y	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city MEDICAL CERTIFICATE OF E
VT RE L Y. Exa	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
BINDING FERMANEN EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet
FOR BINI IS A PERM stated E X / properly clay	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw her alive on 5 fill of ut to have occurred on the date stated above, at 11 2 m.
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:
K—TH nould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Visewajiuji (2 mo.)
RESE NG INI AGE sh that it	10. Date deceased lest worked at this occupation (month and year)	Other Contributory Causes of importance:
ARGIN RIUNFADING upplied. AGI terms, so that instructions	12. BIRTHPLACE (city or town) (State or country) 2 13. NAME 2 13. NAME	
f U sur	13. NAME Satrick on the Mc Joye 14. BIRTHPLACE (city or town) That one in the Common of the Common o	Name of operation
LNLY, WITH be carefully EATH in pla important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also decident, suicide, or homicide?
be EAT	17. INFORMANT P. MC Leys	Where did injury occur? (Specify city or town, con Specify whether Injury occurred In INDUSTRY, In HOME, or in
WRITE PLA lation should AUSE OF D	18. BURIAL CREMATION, OR REMOVAL Plages-estemper Date Sept (6 , 193)	Manner of Injury
- S	19. UNDERTAKER Scot Defend	24. Wes disease or injury in any way related to occupation of d
89 M	20 FILED Seat (192) In R. Frankle: 40	(Signed) by then I groupe

9549

	(8)	
	Registration Dist. No. 4	- 12
	No alles Hatle 4	₹ Ward
(If	death occurred in a hospital or institution, elve its NAME instead of street and a	number)
mos	ds. How long in U.S. if of foreign birth?yrsm	osds.
ye	# / If U. S. Veteran, specify WAR	
<u></u>	St., Ward. Piedmont W	State
	MEDICAL CERTIFICATE OF DEATH	
WED, vord)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
than	22. I HEREBY CERTIFY, Thet / attended	, 193.7
nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
	Prematurty (5 mo.)	9-4-37
		
	Other Contributory Causes of importance;	-
love	,	
9	Name of operation	
2	23. If death was due to external ceuses (VIOLENCE) fill In also the following	
,	Accident, suicide, or homicide?	
ià	Where did injury occur?	
	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
	Manner of Injury	
3)	Nature of Injury	
	24. Wes disease or injury In any way related to occupation of deceased?	lo
	If so, specify	
40	(Signed) in them to office of	M. D.
trar.	(Address) 40 a. Hitty 21	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related of importance were as follows:				
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1937 July 5, 1927	Peritonitis	3 days ago	
BUREAU	v. s.			
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9551
Y. PLACE OF DEATH TS.	<u> </u>
County allegans	Registration Dist. No.
Village or City Oundberland	No. 2 St., 4 (Ward death occurred in a horpital of institution, give its NAME instead of street and number)
	ds How long in U. S. if of foraign birth?yrsmosds.
2. FULL NAME Baby Find Mc Joy	Lever H. 2. If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. Piedmont, W. Va.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. SIMEREBY CERTIFY That I attanded dacassad from 22. 1937 to ARDV 4 1037
6. DATE OF BIRTH (month, day, and year) Legt 4, L&37	I last saw her alive on 5 fel love 19 ; death is said
7. AGE Yaars / Months Days If LESS than	to have occurred on the date stated above, at 11.20 p.m.
Hillone 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Wate as follows.
SAWYER, BOOKKEEPER, etc	V sema functio (5 his) 9-4-37
Kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last workad at this occupation (month and	, , , , , , , , , , , , , , , , , , , ,
SAW MILL, BANK, etc	
O this occupation (month and spent in this year) occupation	
Can 0.00 0	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Salvick such Me Joye 14. BIRTHPLACE (city or town)	Nama of operation. Data of
(State or country) Many land	What tast confirmed diagnosis? Chariful Sal Was there an autopsy? Re-
15. MAIDEN NAME Lesty Edith Johnson)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME esta coult Johnson 16. BIRTHPLACE (city or town) Frakment (State or country)	Accident, suicide, or homicide? Date of injury19
E (State or country) Hest Unguis	Whare did injury occur?
17. INFORMANT () Ma Lone	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass) & tidment WV 9	
18. BURIAL CREWATION, DR REMOVAL	Manner of Injury
Placellistempor Date 187	Nature of Injury
19. UNDERTAKER Scol Dakes (Addrass) Cumberland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept b , 1957 Jo. O. Free for two Registrar.	(Signed) Cathan John M. D. (Addrass) 40 a. Mil July 57.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	OR F	URTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

9550

1. PLACE OF DEAT	5H)			8			
County AL	legas	uy	A	Registration Dist. No			
Village or City	Theas	affer I	Park!	NoSt.,	Ward		
Length of residence In cit	y or town whare de	th occurred		death occurred in a hospital or institution, give its NAME instead of street and	number)		
2. FULL NAME	Rober	t-9/	C. Kee	If U. S. Veteran, specify WAR	4		
(a) Residence: No	Con	(Usugi place of	Park	St., Ward. If nonresident give city or town an	d State		
PERSONAL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	3 Drace		
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purile the word) Male Allale Allale				21. DATE OF DEATH Sept. Representation (1937)			
a. If married, widowad, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY. That Vattended decessed from 22. 1 HEREBY CERTIFY. That Vattended decessed from 1937. to 2017. 29 1937			
5. DATE OF BIRTH (month, day	, and year)	elet 3	1932	I last saw h.1 177 alive on Dopt. 2 1 1937	; daath is said		
. AGE Years	Months	Days	If LESS than 1 day,hrs,	to heve occurred on the date stated above, at 9 13 p.m.			
5	-	2.6	ormin.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importance were es follows:	Dats of onsst		
8. Trede, profession, or pa kind of work dona,	as SPINNER.	non	0	5-0-67			
SAWYER, BOOKKEE	which	SUNY	·····	Jeanset Turn	9-28-37		
work was done, as S SAW MILL, BANK, e	tc						
10. Data deceased last worked at this occupation (month and spent in this			in this				
2. BIRTHPLACE (city or town).	lorea	each The	ack	Dther Contributory Causes of importance:			
(State or country)	Ina	wlan	d				
13. NAME Van	nes	Prise	Tel				
14. BIRTHPLAGE (city or to	wn)	8		Name of operation			
(State or country) macring. The			ing And	What test confirmed diagnosis Kunical Was there en	autopsy? Leo		
15. MAIDEN NAME Covelyn Smith			rith	23. If death was dua to external causes (VIOLENCE) fill In also the Iollowin			
16. BIRTHPLACE (city or town)				Accidant, suicida, or homicide?			
7. INFORMANT Phiss.	Lauris	2 thrift	henberg	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ite) LACE		
(Address) Que	asafr	Parkel,	and.				
8. BURIAL, CREMATION, OR REMOVAL / Place COLA Will Cerustry Date Oct. L. 1927			t. la , 1927	Manner of injury			
19. UNDERTAKER M. Gishhow			Did:	24. Was disease or injury in eny wey related to occupation of deceased?			
20. FILED 465130	03781	Ptrain	Elin, M.	(Signed) Withen 1 gg tryl)	M. D.		
			Registrar.	(Address) 40 h. ofiltaty 21.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0 9552
1. PLACE OF DEATH	(56) ABTHA CO
county allegiany	Registration Dist. No.
Village or City Tool Change	No. Minero Hoofitalst., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Stertude mc Kenn	If U. S. Veteran, specify WAR 201 MT 21 MT
(a) Residence: No. Mexerodale Rout	Ward.
(Usual place of abode)	Pa. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I w married	(Manth) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended dacaased from
and the maje	June 16 ,1937, 19 Left (1 ,193)
6. DATE OF BIRTH (month, day, and year) May 5-1891	Mast saw h
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
76 7 or min.	wara as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Marto Rkenmetra 1200 116
9. Industry or business in which	Deumater Indocarditi 193)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
	Othar Centributery Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	Out of land in Vilaleta Sept
13. NAME Louis Sleinley	in the second se
13. NAME & ours Sleinley 14. BIRTHPLACE (city or town)	Name of operation None Date of
(State or country)	What test confirmed diagnosis? Clin find. Was there an aulopsy? hu
15. MAIDEN NAME Susana Housel	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT A OWNS MC CAMPER TO ROLL &	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Seewelle fa, Date 14 1, 1937	Nature of Injury
19. UNDERTAKER & S. Ausob	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) Trouther md.	If so, spacify
20. FILED 9-12, 1937 no. a. R. Wacker	(Signed) MC fare M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
e' 9				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Gaustones	May 1,1923	Gastroenterius	1	

ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN

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Example-I-		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BUN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE OF	F DEATH

9554

1. PLACE OF DEATH	
County Allegany	Registration Dist. No.
Village or City Washington	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
11.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wardy Clem Yuca	dimus of U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH So LT 2
Luncar study shoult	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of tra his denues	Juga St Creat 1937, to Sept 2 , 1937
6. DATE OF BIRTH (month, day, and year) Q 2. 12 1881	I last Swh er alive on So por 2, 19 37; death is said
7. AGE Years Months Deys If LESS than 1 dayhrs.	to have occurred on the date steted above, at
53 10 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	arteroselbases 1930
kind of work done, as SPINNER, House - wife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Chronic Intensifican Mohut 1938
work was done, as SILK MILL,	Cerebral Hemorrhoge 1986
10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) The Company Wishington	Other Contributory Causes of Importance:
(State or country)	Pyclific Cystetis 1937
I 13. NAME Chas, Torry	
14. BIRTHPLACE (city or town) Some coming	Name of operation Page of Date of
(State or country)	What test confirmed diagnosis? Exom Was there an autopsy? 3
15. MAIDEN NAME Onnie Campbell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME On Campbell 16. BIRTHPLACE (city or town) Lelengott. Nol	Accident, suicide, or homicide? Date of Injury
X (State or country)	Where did injury occur?
17. INFORMANT In Nevernuse	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Clarksbury W.V.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place W County N (Date O. 7, 197)	Nature of injury
19. UNDERTAKER W. H. Fredloch.	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Supt 4, 1937 agmaper 111,	(Signed) Tokkery M.D.
Registrar.	(Address) Leidmon (W. Od

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

FOR BINDING	S IS A PERMANEN	e stated EXACTI	e properly classified.	f certificate.
TAIMIN TENENA ED FOR DINDING	-WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
	-WRITE PLATY, WIT	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

B.—WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9555
1. PLACE OF DEATH	
County Illegany	Registration Dist. No.
Village or City - Translage	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
1	O
2. FULL NAME Mishael Jasaph M	WITHIN CORPORATE HAVE
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Self 15 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Ellen agent Nolan	22 CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) / Set 30 -1866	I last saw h; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Pm.
70 10 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacased last worked at this occupation (month and this properties).	Wid Ryddnile
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	1
SAW MILL, BANK, etc	(autofrzydaic
this occupation (month and 9 9 spant in this occupation	andraly , coronary thorombaile . July for
12 DIDTHIBLACE (situations)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Daniel Hola	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Vergenia	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME (alhering hangheton	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (atherine Manghton) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT blen de hotan	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Try there Date I fort 8, 193 5	Nature of Injury
19. UNDERTAKER 9 Sharethan had	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9-17, 1937 Mus. arg. Nalker Registrar.	(Signed) MD (Address) Address
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

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The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0	ORATE LIMITS STATE OF MARYLAND-	CERTIFICATE OF DEATH 9557
ould state	1. PLACE OF DEATH	(A)
M je je	County allegans	Registration Dist. No.
M of the	Village or City Cushles Don 2	12.9 10 1000000000000000000000000000000000
item shou		death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrsmos	4- ds. How long In U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAMELESTER George Patters	If U. S. Veteran, specify WAR
D. SIC	(a) Residence: No. 124 So special	St., Ward.
RECORD, Ever PHYSICIAN Exact statemen	(Usual place of abode)	If nonresident give city or town and State
RECC PP PE	PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
K K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warrie the word)	21. DATE OF DEATH LE DE 199 102 7
I'L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
Si C Z II	HUSBAND of (or) WIFE of	22. I/HEREBY CERTIFY, That / attended deceased from
BIND ERMA EXA class		Dept. 28 ,137, to Dept 29 ,1937
BID BEN EN EN	6. DATE OF BIRTH (month, day, and year) Dec 25 1432	I last sawh 1777 alive on 2e pt. 29 , 19 27; death is said
	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2
FOR IS A I stated properlifica	7 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Lee S	8. Trada, profession, or particular kind of work dona, as SPINNER,	0-1A-100-A
VEI THI Id b	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done as SII K MIII	Suffuerza with awal nous 9-28-37
ERVI VK—T should it may n back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(<i>f</i> (<i>f</i>)
E S S E	SAW MILL, BANK, etc	
	yaar) occupation occupation	Other Contributory Causes of importance:
N A L .	12. BIRTHPLACE (city or town) Cumbelland	Other Countries of Importance.
RGIN TFADI olied. rms, so	(Stata or country) med	
[ARRG] UNFA supplied n terms, ee instri	13. NAME Lester & Catherson	
e tild L	13. NAME Lester B Catterson 14. BIRTHPLACE (city or town). Lenger, West V.	Name of operation house Date of
Fig	(State of County)	What test confirmed diagnosis? Was there an autopsy? Lo
PLAINLY, WITH	15. MAIDEN NAME OSCE STATE 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
Car TH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury,19
AINLY, de be cal DEATH	(State or country) Wish Va	Whera did injury occur? (Specify city or town, county and State)
A Bld	17. INFORMANTA ISLE & Salleyson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	• Managed Indiana
	Place Queens Bank Kesper. Det 1937.	Manner of injury
-WRITE mation s CAUSE TION is	3	
	19. UNDERTAKER A COLUMN A COLU	24. Was disease or injury in any way related to occupation of deceased?
S. No.	latke of Ptre 60: m.s.	(Signed) Continuer 7: Sould / M.D.
Þ Z	20. FILED SO, 19-37 Registrar.	(Address) 40 h. Librat St.
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED

SICIANS certificate. stated Jo niay on that instructions plain very important. OF DEATH pluods CAUSE

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist No. County_ Village or City_ (If death occurred in a hospital or institution, give its NAME Instead of street and number) mos. -----ds. How long in U.S. if of foreign birth? Length of residence in city of town where death occurred (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 3. SEX OR DIVORCED (write the word) 5a. If married, widowed, or divorced I HEREBY CERTIFY, That I attended deceased from HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than Days Months 7. AGE 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were as follows: Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Date deceased last worked at spant in this this occupation (month and occupation 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) What test confirmed diagnosis?_____ Was there an au'opsy?____ (State or country) MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?_____, Date of Injury_____, 19____ 16. BIRTHPLACE (city or town) Where did injury occur?____ (State ar country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVA Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER If so, specify (Address) 23 1937 Mis (Address) ___ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

. S. No. 1

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT S Paris			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis F V - V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 6 1937			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Validionics	Mug1,1020	(rasi benici ini	1 gear

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (C)	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DE	9561
County Aleghany Registration	on Dist. No.
Village or City for the transfer of No. Williams /	oad St., Ward
(If death occurred in a horpital or institution, give its NA) Length of residence in city or town where death occurred 15 yrs	
Length of residence in city or town where death occurredyrs	
(a) Residence: No. Williams Road St., Ward.	
(Usual place of abode)	ent give city or town and State
	TE OF DEATH
Male White married (Month)	(Oay) , 193 Z (Yaar)
56. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Grand Ray 22. I HEREBY CERTI	FY. Ihan i attended dacased from Seff. 1D 1937
6. DATE OF BIRTH (month, dey, and year) Mar 17 18 56 i last saw h 1545 alive on Sept	10 ,1937; daath is said
7. AGE Yaars Months Days If LESS than to have occurred on the date stated abova, et	Am.
The PRINCIPAL CAUSE OF DEATH and related co	ausas of importance
kind of work done, as SPINNER.	n 1 J
	2,204
The Hard Saw Mill, Bank, etc.	
2 2 5 5 5 10. Data decaasad last worked et this occupation (month and 1931 11. Total time (years) spent in this	
Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town). Thurstone Co. (Stata or country)	sis P
ANN STREET BY 13. NAME John Ray	
14. BIRTHPLACE (city or town) (State or country) Name of operation What to the or country of the city of town of the city of town of the city of the city of town of the city of the	Date of
(State or country) What test confirmed diagnosis? 1 My	Sam Was there an autopsy?
15. MAIDEN NAME Mary Elyabeth Try 23. If daath was due to external causes (VIOLENCE)) fill in also the following:
Accident, suicide, or homicide?	Date of injury, 19
(Specify city whether injury occurred in INDUSTRY in	or town, county and State)
17. INFORMANT / June / Specify whether injury occurred in INDUSTRY, in (Address) 4 intatone may R = 2	HOME, OF IN PUBLIC PLACE.
Manner of Injury	
E E E Disco 67 4 9 1 10 10 10 10 10 10 10 10 10 10 10 10 1	
Place Bush Valley Oats 13.1937 Nature of Injury 19. UNDERTAKER Sharain Smith 24. Was disease or injury in any way related to occ	cupation of deceased?
(Address) (Address) (Signad) (Signad)	Hodges HY MD
20. FILEO SIST. 1, 198 / Jankha Markettar. (Addrass) Cumber	The state of the s

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Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage CCI 8 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

9562

	1. PLACE OF DEATH	93-00
/	County Mingry	Registration Dist. No. 4
	Village or City lamoharland	ND. 503 // Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?mosds.
	2. FULL NAME FULLER M. reed	If U. S. Veteran, specify WAR
	(a) Residence: No. 503 Williams St.	St.,Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE MARRIED WIGOWED.	MEDICAL CERTIFICATE OF DEATH
	Hanale White OR DIVORCED (variethe word)	21. DATE OF DEATH (Month) (Oay) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1937, to Sept 18. 1937
:	6. DATE OF BIRTH (month, dey, end year) FL 8 1920	I lest saw h D alive on 19 deeth is said
car	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 4.12m.
	17 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
20 10	2 Trade profession or particular	acute Myocarates 9-18-37
Dack	9. Industry or business in which work was done, as SILK MILL,	
NO S	10. Date deceased last worked at this occupation (month and year)	
Terion	12. BIRTHPLACE (city or town) Annaberland Ind	Other Contributory Causes of Importance:
IISII		
200	13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Liquid Was there an autopsy?
	15. MAIDEN NAME Olivie Permer	23. If death was due to external causes (VIDL ENCE) fill in also the following:
L'a	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Od II	E (State or country)	Where did Injury occur? (Specify city or town, county and State)
u ći	17. INFORMANT John Rend	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
IS A	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
3	Place Park Gm-bate Sight. 1., 19.5.	Neture of Injury
111	19. UNDERTAKER Long Stem Inc.	24. Was disease or injury in any way related to occupation of deceased?
	(Address) limberford	If so, specify
	20. FILEO LES 26, 193 > Le trauplein Me N. Registrar.	(Signed) M. D. (Address) Off Walter Mad

V. S. No. 1

B.—WRITE

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MARGIN RESERVED FOR BINDING

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

Exact statement of OCCUPA-

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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		increased the base of the second seco	

ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	<u> </u>
Village or City Cumberland Md	No. Pleas va Kast, Ward
(I	f death occurred in a horpital (institution, sive its NAME instead of street and dumber) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still both Reynol	If U. S. Veteran, specify WAR
	St. Ward. Cumb, hel-
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of Death (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 14, 1937	i last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	THE TRUTCH AB CACOB OF BEAUTY SHE ISSUED STATES
8 Trede profession or particular	were as rollows. Onte of onset Onte of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at his occupation (month and spent in this	T. Zaarliga
10. Date daceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Lambers I swal	Other Contributary Causes of Importance:
13. NAME Morgan George Neynolds 14. BIRTHPLACE (city or town)	Nama of oparation
(State of country)	What tast confirmed diagnosis?
15. MAIDEN NAME Torence Mue Andersor 16. BIRTHPLACE (city or town) Tront low, The or country)	
[5] 16. BIRTHPLACE (city or town) The same of the country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Lathur 1 (Address)	(Specify city or towo, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Calley: Hage Lab Date Sent 14 , 19 3	Manner of Injury
19. UNDERTAKER None - Calley Herg - (Address)	24. Was disease or injury in any way related to occupation of daceasad?
20. FILED Sept. 14, 19.37 Jos. 8. Frakl: 14. Registrar.	(Signed) St. Daine M. D. (Address) Communication (Mg)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state RECORD. Every item of infor-OCCUPA. 1. PLACE OF DEATH should Jo PHYSICIANS Langth of residence in city or town where death occurred. statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) A PERMANENT classified. FOR BINDING 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than 1 day,hrs. IS or____min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ PATION UNFADING INK-THIS ARGIN RESERVED pe J₀ back 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.____ may should OCCUI on 10. Dato daceased last worked at this occupation (month and 11. Total time (years) spent in this so that See instructions (State or country) supplied. in plain terms, FATHER (State or country) carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) CAUSE OF DEATH (State or country) should be 17. INFORMANT -WRITE PLA 18. BURIAL, CREMATION, OR REMOVAL S mation Place Date 19 NOIL 19. UNDERTAKER (Addrass) m 20, FILED Q X 2 193 Registrar.

9564

	Registration	Dist. No.	
No			nd number)
ds. How long in U.S. if	of foreign birth?	yrs	_mosds.
rlsom If U. S. Veteran	, specify WAR		
St., Ward.			
MEDICAL		t give city or town	
21. DATE OF DEATH	4 /	OF DEATE	
	sept. 2	2 2	193 7
	(Month)	(Day)	(Yaar)
		Y., That I attand	
		9/22	
I last saweh NF Odista		- 2 ,19]	7; death is said
to have occurred on the data sta		,	
The PRINCIPAL CAUSE OF DEA wera as follows:	ATH and related cas	uses of importance	Date of onset
01		1	
Sportanen	no cur	nan	
04b C			
Other Contributory Causes of im	portance;		
		,	
Name of operation		Data o	
What tast confirmed diagnosis?		Was thara a	in autopsy?
23. If daath was due to external co			
Accident, suicide, or homicida?		Date of injury	, 19
Whare did injury occur?	(6 % ;		
Specify whathar Injury occurred	in INDUSTRY, In H	or town, county and S	State) PLACE.
Mannar of Injury			
Nature of injury			
24. Was disease or injury In any	way related to occu	pation of deceased?.	
If so, specify	1. 192 4		
(Signed)	www	us. V	М. D.
(Address) (Address)			NA.
ZATTIV. I BAYIES NEVERL MAILEMANE h	requestion "O. N. No	9 9	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example	e I	h	Example II	
The principal cause of death and of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CFIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1937	July 5,1927	Peritonitis	3 days ago
19	JREAU V.	5. 1		
Other contributory causes of im			Other contributory causes of importance:	
Gallstones		May 1,1923	Gustroenteritis	1 year

		ARGIN RESERVED FOR BINDING	THE .	ERVI	7	FOR	DINT	DNI				774
-WRITE PLATKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	WITH	UNFADI	NG I	NK-T	SIL	IS A	PERM	LARLA	KECO	(D. Every	item (JI-II
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should-	fully s	upplied.	AGE	plnoys	pe	stated	EXA	CTLY	. PH	SICIAN	s shou	ld la
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCI	n plain	terms, so	that	it may	be	proper	ly clas	sified.	Exact	statement	of 00	C

N. B.-WRITE PLANE

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	pp-	10	Don	
	5	Pa	10	
4.7	2.7	7.7	2.3	

S1. PLACE OF DEATH				
County allegames			Registration Dist. No. 4	
Village or City Solaris	can. Me	8.	No. St.	Ward
			death occurred in a hospital or institution, give its NAME instead of street and nu	
Length of residence in city or town where dea	th occurred	yrsmos.	ds. How long In U.S. if of foraign birth?yrsmos	ds.
2. FULL NAME Baly	Boy #	I Robe	If U.S. Veteran specify WAR	
(a) Residence: No. Response	RD		St., Ward.	
PERSONAL AND STATISTIC	(Usual place of		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
	, SINGLE, MARR		21. DATE OF DEATH	
> 0 -	OR DIVORCED	(write the word)	1000	193.7
5a. If married, widowed, or divorced	DIN	6 + 6	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		2/2/5	22. I HEREBY CERTIFY, That I ettended de	ceased from
			Sept 24 , 19.7 , to Sept 24.	, 19.2.7
6. DATE OF BIRTH (month, day, and year) 9-2	4-37		I last saw h_iq alive on	deeth is seid
7. AGE Years Months	Days	if LESS than	to have occurred on the date steted above, et 4	
0 0 0	0	1 day,Qhrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,			Stillbirth	Date of onset
SAWYER, BOOKKEEPER, etc.	ne.			
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc				
SAW MILL, BANK, etc	11. Total tin			
this occupation (month and year)	spant	in this		
0.00			Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	m co	····		
	10	1.10		
13. NAME Column 14. BIRTHPLACE (city or town) Olleg	na VV	West of the second		
4. BIRTHPLACE (city or town)	any G)-Ā	Name of operation	
	01 00	8	What test confirmed diagnosis?N_o_R Was there an au	opsy?
15. MAIDEN NAME Cuelyn Ch	arllott	e Deremu		
16. BIRTHPLACE (city or town)	sport	Ya.	Accident, suicide, or homicide? Dete of injury	, 19
-1 (State of Country)			Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT 5 azlı			Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	01	1	Menner of injury	
Place Cawson Cem	Date Sept	24,1937	Nature of injury	
19. UNDERTAKER James Robes	in. 7	ather	24. Was disaase or injury in eny way related to occupation of deceased?	
(Address) Hauser	one.		If so, specify	
20. FILED Soft 3 419 32 2. F.	trans	blin M. S	(Signed) J. mc Jaland	M. D.
and the state of t		Registrar.	1 (Address) Keyan W. Va	4

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Example	I		Example II	
The principal cause of death and I of importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	T 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
SLX	EAU V. S			
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				4
		<u> </u>		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIA	N
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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

9566

	County Ollegans	Posistration Diet No.
	no the	Registration Dist. No.
	Village or City Nawson, Ind.	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredyrsn	osds. How long in U.S. if of foreign birth?yrsmosds
2	FULL NAME Baly Boy # TI R	ollionif U.S. Veteran epecify WAR.
	(a) Residence: No. Kenny Rd & # 3	St, Ward.
e	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. (4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a	male white Single If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	2 24 23	7-24-,1937, to 9-24,1937
	DATE OF BIRTH (month, day, and year) 9-24-37	I last saw him alive on death is sale
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at
	0 0 0 ora_min.	were as follows:
NO	8. Trade, piofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillbuth
ATI	Ondustry or business in which	
CUP	work was done, as SILK MILL, SAW MILL, BANK, etc	
0	10. Oate deceased last worked et this occupation (month and spent in this	
-	year) occupation	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town) Ollegany Con	
~	(State or country)	
ATHE	13. NAME games Edward Rollson	
FA	14. BIRTHPLACE (city or town) Que garry (State or country)	Neme of operation
HER	15. MAIDEN NAME Circles Charlotte Peren	
H	16, BIRTHPLACE (city or town) Slassport Pa.	Accident, suicide, or homicide?
MOT	(State or country)	Where did injury occur?
17	INFORMANT Father	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
	(Address)	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place March March 19.3	Nature of Injury
19	UNDERTAKER tathes James Robison	24. Was disease or injury In any wey related to occupation of deceased?
-	(Address) Lawson, Mal	If so, specify
20	FILED Sept. 24, 193) J. P. Tranplin, M.	(Signed) Lm J. m Javand M.
1	Registrat.	(Address) L. Da .

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Chronic interstitial nephritis 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PL PEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9567
1. PLACE OF DEATH	97)
County allegand	Registration Dist. No.
Village or City 2 rollings md	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance In city or town where deatl occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Kohen Likewege	If U. S. Veteran, specify WAR
(a) Residence: No. 2/ a & main	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) with the word)	21. DATE OF DEATH (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY Thet lattended deceased from
(or) WIFE of France (uge	193) to Sept 193
6. DATE OF BIRTH (month, day, and year)	Nast saw harmalive on Self 1 2 193 death is seid
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated above, et 1/004 m.
70 1 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
ormin.	were es follows: Date of onset
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tu faces Calacas
	mens sureses
Jindustry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	anto Continue 10 Off Sept
10. Date deceased lest worked at this occupation (month and spent in this	many carpains of
this occupation (month and /122 spent in this occupation 40	143)
TO DIDTING ACT (allows Across)	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME	
H CONTRACTOR	
4. BIRTHPLACE (city or fown)	Neme of operation Dete of
A	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (V)OLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
2 (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Joseph Lugal	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Fraction of Proceedings and	
18. BURIAL, CREMATION, OR REMOTE LIXO 32	Menner of injury
Plece Dete Dete 1937	Nature of injury
19. UNDERTAKER	24. Was disease or injury in eny wey releted to occupation of deceesed?
(Address) 7-wolking mdc	If so, specify
20. FILED 9-9 19 mis a. R. Walker	(Signed) M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Date of onset
1 week ago
1 week ago
3 days ago
1
1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
700-1	(31) Decidential Dist No. 7
2	Registration Dist. No.
Village or City Part Ma	No. St., Ward
Length of residence in city or town where death occurred 8 -yrsm	
2. FULL NAME Jannella, Jahrah	Lussell
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
semale thill through	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 3/* / 8 / 3/ / / P	1 HEREBY CERTIFY, That A attended deceased from
hofe of William Missell	- Jeely 1937, to fell 24 , 1931
6. DATE OF BIRTH (month, day, end year) Nov. 15 1856	I last saw hes alive on fight 20 , 1937, death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
10 10 9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Tephrilis g Chronice Ows R.
SAWYER, BOOKKEEPER, etc.	Diration : several years.
9. Mdustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10: Date deceased last worked at 11. Total time (years)	
this occupation (month and uly 1,195) spant in this 56	
12. BIRTHPLACE (city or town) Janton	Other Contributory Causes of importance:
(State or country)	- Handers a least
13. NAME Thomas Deson	
13. NAME Thomas Leson 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17, INFORMANT Mrs. Maude Kirk	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / digle St Barton Mid	<u> </u>
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Carrier Date Date 19 J	Nature of Injury
19. UNDERTAKER D. D. DOWN	24. Was disease or injury in any way related to occupation of deceased?
(Address) Barty, M.	If se, specify
20. FILED Sofet 20, 19 37 S. a. 1 Douche	(Signed) Language W. Jeerl R. M. D.
Registrar.	(Address) ellessa sala Ma

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAO !	72		
Other contributory causes of importance:		Other contributory causes of importance:	- 32
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

		(82-0)	
County Allega	m	Registration Dist. No.	4
Village or City	simbisland	No. allegany toptals	t, 4-1 Ward
Length of residence in city or town w		(If death occurred in a hospital or institution, live its NAME instead of street osds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME Instru	Henry Sch	ade If U. S. Veteran, specify WAR	
(a) Residence No. 431	Chomes	St Ward.	
	(Usual place of abode)	If nonresident give city or tow	
3. SEX 4. COLOR OR RACI	ISTICAL PARTICULARS	21. DATE OF DEATH	r H
male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	(Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2 Borahert.	22. I HEREBY CERTIFY. That I atte	
6. DATE OF BIRTH (month, day, and yeer)	101017 1868	7 I last saw h alive on, 19, 19	
7. AGE Yeers Mont	Deys If LESS then	to heve occurred on the date stated ebove, at 7.34 A.m.	,
68 9	20 1 dey,hi	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	Data ol onset
3 Trade, profession, or particular kind of work done, as SPINNE	C+ 5. 11		
SAWYER, BOOKKEEPER, etc	my conjugate	Welsel Hernorth gg	e 7/27/
work was done, es SILK MILL, SAW MILL, BANK, etc.	St. Neps.		
10. Dete deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation		
	1- 1	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	morniana on	7	
13. NAME Denge	Schade		
14. BIRTHPLACE (city or town)	Aumann	Neme of operation Dat	e of
(State of Country)	yourney.	What test confirmed diegnosis? Wes the	re en autopsy?
15. MAIDEN NAME STATE	miller	23. If death was due to external causes (VIOLENCE) fill in elso the fo	
16. BIRTHPLACE (city or town) (Stete or country)	German	Accident, suicide, or homicide? Date of Injury	, 19
17, INFORMANT Sus Earl	Handand	Where did injury occur? (Specify city or town, county at Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State)
(Address) Cu	mberland		
18. BURIAL, CREMATION, OR REMOVAL	Sel 29.	Manner of injury	
Place of Property Co.	Date of 12 1, 19 3	Nature of injury	0
19. UNDERTAKER Af ma Af	m Ine	24. Wes disease or injury in any way related to occupation of decease	6?
		III 30, 3DGGIIY A.	-0

V. S. No. 1

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis , 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	Lange of the	Other contributory causes of importance:	A STATE OF THE PARTY OF
Gallstones	May 1,1923	Gastroenteritis	1 year

. S. No. 1

20. FILED SEADS 2.7.19

Registrar.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

1. PLACE OF DEATH	200
County alle quart	Registration Dist. No.
0/1	No. Alle Garage Bounts Hospil 3 Ward death occurred in a corpital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred vis mos	death occurred in a horpital or institution, give its NAME instead of street and number)
B 1 10 11	0 = 6
200 0 101	Word
(d) Residence. No. Court governor based (Visual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH 9- 23- 103 7
hale White Angle	(Month) (Day) (Year)
HUSBAND of	220 I HEREBY CERTIFY, That I attanded deceased from
	June (193), to 9-22-, 193)
6. DATE OF BIRTH (month, day, and yeer) aug 2 3 1868	I last saw h. Acceptive on Q - 10 - 19 3 death is said
7. AGE Tears Months Deys IT LESS than 1 day,hrs.	to have occurred on the date stated above, at _ 1. Os f. Os f. The PRINCIPALICAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER Orshards t	(evel
	Lewerton 7-223
O this occupation (month and spent in this	//
12 RIPTHDI ACE (city or town)	Other Contributory Causes of importanca:
(State or country)	
13. NAME Googe Trederick Shresh	
14. BIRTHPLACE (city or town)	Nama of operation 2000 Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Z
E 15. MAIDEN NAME COLLA NULLAL	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
Illera Hara Ault	Where did injury occur?(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Grantes David Mid	opening whether in interest in nome, of in public place.
16. BORIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Muyers Pusy Date Jeff 14, 1939	Nature of injury
19. UNDERTAKER 9 Biller	24. Was disease or injury in any way related to occupation of deceased?
(Address Harpen Tury ment Da	If so, spacify
20. FILED St. plas, 19.37 J. Macklin, M. A.	(Signed) / Company of the company of
	(Address) X Manual Van
	County Allegand Village or City Annual and Length of residence in city or town where death occurred yrs mos 2. FULL NAME (a) Residence: No. Allegand and Allegand (b) Journal place of abode? PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word) Sa. It marriad, widowed, or divorced HUSBAND of (or) WIFE of (or

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:	7	Other contributory causes of importance:	L. L. FL.
Gallstones	May 1,1923	Gastroen teritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1 B ż

-WRITE PLA Y, WITH UNFADING INK-THIS IS A PERMANENT REC 3. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IIS IS A PERMANENT	be stated EXACTLY.	be properly classified. I	of certificate.
WUNFADING INK-TH	supplied. AGE should	in terms, so that it may	See instructions on back
-WRITE PLA X, WIT	mation should be carefully	CAUSE OF DEATH in pla	TION is very important. See instructions on back of certificate.

STATE OF MARYL ND-	CERTIFICATE OF DEATH 9572
1. PLACE OF DEATH	8200
County alleghany	Registration Dist. No. 6
Village or City West of Aubrale, Md	NoSt,Ward
WILLIAM	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U. S. if of foraign birth?mosds.
2. FULL NAME Sath soyn Senath	2. Dmille
(a) Residence: No. 109 Wasnut	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jemale White Signey Market, Wildwed, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. A .1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of William 9. Smith	Sept 4 ,187, 10 Sept Tet , 1937
6. DATE OF BIRTH (month, day, and year) March 17, 1879	I last saw h_sal_ alive on Syst 7th, 1937_; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5: 557m.
58 5 2 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particolar kind of work dona, as SPINNER.	Guebral apoplesy 9-6-3
SAWYER, BOOKKEEPER, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month add	<u> </u>
SAW MILL, BANK, etc	
this occupation (month and 3193) spent In this 35	
mi to enhal	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	1 y would som
	<u> </u>
E Dech	
(State or country)	Nama of operation
15. MAIDEN NAME LO LA Production As to story	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there are autopsy?
E	Accidant, suicide, or homicida? Date of injury 19
State or country)	Where did injury occur?
milled shirth Washer	(Specify city or town, county and State) Specify whether Injury accurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 433 Walnut St. Westernand Md.	Specify wholes injury accuracy in moostar, in monte, or in roble FEACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Alines Date Dept. 10, 1937	Nature of Injury 1
19. UNDERTAKER D. S.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Daston Md.	If so, specify
20. FILED Sept. 10 1937 100 11/12 P. D. 30.51	(Signed) M.D.
Registrari	(Address) Uslimport, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

AARGIN RESERVED FOR BINDING

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2. FULL NAME (a) Residence: No. (b) ACT OF BIRTH (month, day, and year) 1. ACT Years (b) ACT OF BIRTH (month, day, and year) 2. BIRTIPLACE (city or town) (c) Single or country) (c) Salve or single or explaint or minimum or country or single or country) (c) Salve or country (c) Salve or countr	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	LITE LIMITS OF IM-D
Length of residence in city set John where death occurred. 2. FULL NAME (a) Residence: No. (basis place of About 19 and 19 an	County Milly Garage	Registration Dist. No.
2. FULL NAME (a) Residence: No.	Village or City Assistanty (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Ward.		
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21. DATE OF DEATH 22. I HER EBY CERTIFY. That I attended deceased from the word of divorced (or) WIFE of Work done, as SPINNER, Months 3. It married, widowed, of divorced (or) WIFE of Section of the word (or) WIFE of Section of S		
OR DIVORCED Carpic the world Sa. If married, widowed, or divorced (Warn) (User) 13. The profession, or particular with thing of work done, as SPINNER, or min. 8. Trade, profession, or particular with the date steled above, at	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. Lit married, widowed, or divorced HUSBAND or Cory WIFE of Cory WIFE	OR DIVORCED (write the word)	Sept. 2/ 1937
8. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days Date of language 5a. If married, widowed, or divorced		
TAGE Yeers Months Days If LESS ton 1 day	Infant	Sept 18, 1937, to Dept 211 1937
Sample S	6. DATE OF BIRTH (month, day, end year) Sept 181937	I lest saw h alive on selft 70
8. Trade profession, or particular gind of work done as SPINNER. SAWRE BONKEREPR etc. 9. Industry or business in which SAW MILL, BANK, etc. MILL, SAW MILL, S		
The strade profession, or particular sind of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWMILL, BANK, etc. 11. Total time (years) spent in this year) 12. BIRTHPLACE (city or town) (Stele or country) 13. NAME 14. BIRTHPLACE (city or town) (Stele or country) 15. MAIDEN NAME 16. BIRTHPLACE (city of town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR. REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. FILED 10. FILED 10. FILED 10. FILED 10. FILED 11. Total time (years) spent in this years) 11. Total time (years) spent in this years) 11. Total time (years) spent in this years) 11. Total time (years) 12. BIRTHPLACE (city or town) (Stele or country) 12. BIRTHPLACE (city or town) (State or country) 13. MAIDEN NAME 14. BIRTHPLACE (city of town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city of town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR. REMOVAL (Address) 19. UNDERTAKER (Address) 10. Where did Injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 10. FILED 10. STATUS AND		more se fellame:
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (rity or town) (Stete or gountry) 15. MAIDEN NAME 16. BIRTHPLACE (city of town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR. PENOVICE (Address) 20. FILED 20. FILED 21. BIRTHPLACE (city or town) (Stete or country) 12. BIRTHPLACE (rity or town) (Stete or country) 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Nerre did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Signed) ACCIDENT TO A COUNTRY M. D. (Address)	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RDOKKEFER atc.	114,01,01
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (rity or town) (Stete or gountry) 15. MAIDEN NAME 16. BIRTHPLACE (city of town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR. PENOVICE (Address) 20. FILED 20. FILED 21. BIRTHPLACE (city or town) (Stete or country) 12. BIRTHPLACE (rity or town) (Stete or country) 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Nerre did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Signed) ACCIDENT TO A COUNTRY M. D. (Address)	9. Industry or business in which	
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15. MAIDEN NAME Agree September 15. MAIDEN NAME Agree September 16. BIRTHPLACE (city octown) September 17. INFORMANT Accident, suicide, or homicide? Date of injury	(State or country) Inaviland	0:
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occured in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION DR REMOVALO Pleca Place Septial, 1937 19. UNDERTAKER Septial Calculus Septial, 1937 (Address) 24. Was disease or injury in any wey related to occupation of deceased? In So. specify (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Address) Manner of injury Nature of injury (Address) (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify whether inju	15. MAIDEN NAME Classes of Kehlhuser	
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occured in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION DR REMOVALO Pleca Place Septial, 1937 19. UNDERTAKER Septial Calculus Septial, 1937 (Address) 24. Was disease or injury in any wey related to occupation of deceased? In So. specify (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Address) Manner of injury Nature of injury (Address) (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify whether inju	16. BIRTHPLACE (city of sown) Len apprished	
18. BURIAL, CREMATION DR REMOVACE Plece Color typete Sept 21, 1937 19. UNDERTAKER M. Each Morry (Address) Manner of injury Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? In 15 so, specify (Signed) (Address) Manner of injury Nature of injury (Address) (Signed) Manner of injury Nature of injury (Address) (Address) Manner of injury Nature of injury Nature of injury (Address) Manner of injury Nature of injury Nature of injury (Address) Manner of injury Nature of injury Nature of injury (Address) Manner of injury Nature of injury Nature of injury (Address) Manner of injury Nature of injury Nature of injury (Address)	(State or country)	Where did Injury occur?
18. BURIAL, CREMATION OR REMOVAL Please Septial., 1937 19. UNDERTAKER Septial Calculation of deceased? It so, specify 20. FILED CALL, 1937 Registrar. Manner of injury Nature of injury (Address) Manner of injury Nature of injury (Signed) (Signed) (Address) Manner of injury Nature of injury (Signed) (Address) Manner of injury Nature of injury (Address) Manner of injury (Address) Manner of injury (Address) Manner of injury Nature of injury (Address) Manner of injury (Address) Manner of injury Nature of injury (Address) Manner of injury (Address) Manner of injury (Address) Manner of injury (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Afficial Line (Address) 24. Was disease or injury in any wey related to occupation of deceased? It so, specify 16. Signed) 17. D. S. D. T. T. C. Signed) (Address) (Address) (Address) (Address)	18. BURIAL, CREMATION DR. REMOVACION + Self 121 24	
20. FILED Sept 2), 1937 D). Eldre The (Signed) Hurry In I tray M.D. (Address) I fra coming that		24. Was disease or injury in any wey related to occupation of deceased?
	20. FILED Soft 21 , 137 D). ElDon Tolo	(Signed) Items In I tray M.D.

V. S. No. 1

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Example I	_ li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
h west V. S.			
Other contributory causes of importance:	4.	Other contributory causes of importance:	1 - 121
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Outside of	STATE OF MARYLAND	CERTIFICATE OF DEATH 9574
City & maite	1. PLACE OF DEATH	
CIM FAIRING	County Allenami.	Registration Dist. Np.
m of OCC	Village of City lime healers	
ite st	(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Na Na	Length of residence in city or town where death occurredyrs,	
D. Every SICIAN tatement	2. FULL NAME / homas milton Star	Chings If U. S. Veteran, specify WAR Comb Was
Sign	(a) Residence: No. Whe Highway	St., Ward.
E > 0	(Vaual place of abode)	If nonresident give city or town and State
RECC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 2 / - 37
ING NENT CTL)	mile Ithe married	(Month) (Day) (Year)
BINDING PERMANEN EXACTI ly classified	5a. If married, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY. That i attanded deceased from
MA A A A ass	(OT) WIFE OF Sarah IMman	9-20-37 19 10 9-21-3719
BIN ERM EX r cla	6. DATE OF BIRTH (month, day, and year) Frank 2 1851	I last saw h mail alive on 9-20-37, 19 daath is said
P. P	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR IS A P. stated properly properly certificat	86 4 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
	9 Trade profession or particular	Codis - varials read descar Date of onset
ED HIS be be of	SAWYER, BOUNKEEPER, atc.	Terminal mamia
RESERVED IG INK—THIS IGE should be that it may be ons on back of	9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
VK-T should it may n back	O 10 Data daceasad last worked at 11 Total time (years)	
RESI G IN GE sl hat it ns on	this occupation (month and spent in this occupation occupation	
2 4 .9	I have been	Other Contributory Causes of importance:
IN RADING AG. AG., so th	12. BIRTHPLACE (city or town)	formanger mounteer
MARGIN UNFADII supplied. n terms, so	E 13. NAME DO PLAN SHE STEELS	
4: F 5 4	E Julian Harris	
	14. BIRTHPLACE (city or town)	Name of operation
	E 15. MAIDEN NAME ama Drugg	What test confirmed diagnosis?
	E I I SISTEMATICAL CONTRACTOR OF THE CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
FYLY, be ca EATH import	16. BIRTHPLACE (city or town)	Where did injury occur?
	may IN Field	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA hould OF D	17. INFORMANT MASS I A STATE THE CANADA AND COMMENTS OF THE PARTY OF THE COMMENTS OF THE COMME	open, money ordered in the count, in none; of his obelo serve.
7-7 70	18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
2 2 M · H	Placa dase Tell Date Sephel 3, 1931	Nature of injury
WRITE mation s CAUSE TION is	19 UNDERTAKER Jouis Stein Inc.	24. Was diseasa or injury in any way ralated to occupation of deceasad?
B.— B.— T.	(Address) Cumberland mile	If so, specify
is is	20. FILED Sept 2 3 1933 Q. F. Tranklin M. D	(Signed) W. alfold Va dem M.D.
> Z	Registrar.	(Address) frage . md.

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13.	Example II	- 1
ate of onset	The principal cause of death and related causes importance were as follows:	Date of onset
1915	Attack of mitepsy,	1 week ago
1921	Run over by Geet car	1 week ago
July 5, 1927	Pertunitis	3 days ago
3/2	Op.	'teg
	Other contributory causes of importance:	
May 1,1923	Gastroenleritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1916 Attack of milepsy. 1921 Stun over by seet our July 1927 Pertunitis Other contributory causes of importance:

MIRIN C	PRPORATE LIMITS OF MARYLAND	CERTIFICATE OF DEATH 9575
ould st	1. PLACE OF DEATH	48
nld jo	County allegany	Registration Dist. No.
item of should of OCC	Village or City Calabelland	No. St., 4-/ Ward death occurred in a horpife for institution, give its NAME instead of street and number)
~ 502	Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Every CIANS tement	2. FULL NAME Katherine Himmles &	Leefse If U. S. Veteran, specify WAR
SI SI	(a) Residence: No. 11 3 Lennox Place	Q St. Ward.
N N	(Usual place of abode)	If nonresident give city or town and State
REC. PF	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
TY.	Fewale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
BINDING ERMANER EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
C X X E	7 1000	, 19, 19, 19
0	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h. er alive on Sent . 10, 19.37; death is said to have occurred on the date stated above. at 14.00fm.
FOR IS A I stated properlines	Tall day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(8. Trade profession or particular	were as follows:
US HIS	8. Trade, profession, or particular kind of work done, as SPINNER, House works	Carcinoma of uterus 10/12
RVE CTH ould I may h	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Houstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) 15. Date deceased last worked at this occupation (month and	
ERY IK— shoul t ma	SAW MILL, BANK, etc	
G INK-GE shouthat it mons on ba	this occupation (month and 1937) spent in this occupation	
RES ING I AGE that	(P 0.0 0	Other Contributory Causes of importance: Acute myocarditis 8/28/
GIN FADI	12. BIRTHPLACE (city or town) (State or country)	Action my octal al tilb
MARGIN REUNFADING supplied. AGH terms, so that ee instructions	I 13. NAME There Thingles	
o the	14. BIRTHPLACE (city or town) That I wow	Name of operation None Date of
2 - 20	(Glade of Country)	What test confirmed diagnosis? Iaboratory Was there an aulopsy? No
WIL efully in pla	15. MAIDEN NAME Scopoldina Fellinger 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
£ 19	[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
d be cal	(State or country) (semany	Where did injury occur? (Specify city or town, county and State)
A D G	17. INFORMANT Mas Jeon Jamber (Address) 112 Jenned Place Cumberland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E 0 - 0	18. BURIAL, GREMATION OR REMOVAL	Manner of Injury
SITE ON IN IN IN IN	Place II, dufted Lam Oate 291 12 , 1931	Nature of injury
-WRITE mation s CAUSE TION is	19. UNOERTAKER Jacob Hafer	24. Was disease or injury in any way related to occupation of deceased?I
No.	(Address) Cumberlaged fur.	If so, specify
vi	20. FILEO Sept 13, 19.3 7 1 Franklen M.	(Signed) M. O.
2 4	Registrar.	(Address) 110(S. Centre St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis SELVED	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1007 6 1937	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

8

19. UNDERTAKER (Address)

Registrar.

24. Was disease or injury

(Addrass)

If so, specify

(Signed)

any way related to occupation of deceased?

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Chronic interstitial nephritis FCEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 6 1937				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		vi —		
			1	

	RPORATE LIMITSTATE OF MARYLAND	CERTIFICATE OF DEATH 9577
infor-LIN state UPA-	1. PLACE OF DEATH	959
	County allegany	Registration Dist. No.
item of should of OCC	Village or City Church Stace	No. 439 Columbia St., 3-1 Ward death occurred in a bospital or institution, give its NAME instead of street and number)
. 70	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
Eve SICIA tateme	2. FULL NAME Masy for Irenter	/
Z X	(a) Residence: No. 439 Woodson (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHY xact s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TT B	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
BINDING FRMANEN EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Derth Greiter	22. I HEREBY CERTIFY, That I attended deceased from Select 3 ml, 1937 to Select 17 Th 1987
SIN ER EX cl	6. DATE OF BIRTH (month, day, and year) after 8. 1883	I last saw h_enalive on Redd / 1 Th 1977; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR IS A P stated properly ertifical	54 5 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cardin plesonfersation 10dys
E E E	9. Industry or business in which	Junitar Fabrillation Judge
IRV fould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESER G INK- GE shou that it m ms on ba	O this occupation (month and spent in this	
RE ING I AGE that	year) occupation occupation	Other Contributory Causes of importance:
IN DI	12. BIRTHPLACE (city or town) (State or country)	truly ostuntenty 5 year
ARGIN UNFADI upplied. terms, so		Contin rissussan aren
Up up te	13. NAME James Mulligan 14. BIRTOPLACE (city or town)	Name of operation Dete of
ITTH Illy su plain t	(State or country)	What test confirmed dlagnosis? Was there an autopsy?
WITT refully in pla	15. MAIDEN NAME Nova Buckley	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
AIA,,	(State or country)	Where did injury occur? (Specify city or town, county and State)
3 PLAI Should OF DE	17. INFORMANT St. I Starter and Middless Cumbril and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Sho E O E O is v	18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
	Place La Guilley Legg Date Sept 14, 19.37	Nature of injury
TEOM	19. UNDERTAKER Joseph Alexandress)	24. Was disease or injury in any way related to occupation of deceased? The
V. S. No.	20. FILED Seld 14, 1937 J. P. Tranklin, M.S. Registrar.	(Signed) Bome of higher M. D. (Address) 4 (Meanel Combiler Ma
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITHIN CO	RPORATE LIMITSTATE OF MARYLAND-	CERTIFICATE OF DEATH 9578
infor- state UPA.	1. PLACE OF DEATH	(DS)
	County allegung	Registration Dist. No. 4
item of should of OCC	Village or City Capabelland	No 2 8 Constitution, give its NAME instead of street and number) No 2 8 Constitution, give its NAME instead of street and number)
at A'S		ds. How long in U.S. if of foreign birth?yrsmosds.
Every YSICIANS statement	2. FULL NAME Climbeth Morie Twely	If U. S. Veteran, specify WAR
SIC sate	(a) Residence: No Zak Ceselia	St., Ward.
	(Usual place of abode)	11 nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write tha word)	21. DATE OF DEATH (Oey) (Year)
ANE A C T ssifie	5a. If marriad, widowed, or divorced HUSBAND of War P Lungy	22. THEREBY CERTIFY, That I attended deceased from
A SX2	6. DATE OF BIRTH (month, day, and year) Way 4, 1863	i last vaw here elive on Assault 17 1937; daeth is said
FOR BI IS A PEI stated E properly	6. DATE OF BIRTH (month, day, and year) May 4, 86	i last waw he elive on
FOR B IS A PF stated F properly	7 4 4 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
F(IS sta pro	8. Treda, profession, or particular	ware as follows:
HIS be	Kind of work done, as SPINNER, Jourse Beeker	1 - Kert
RVE C-TI ould may	kind of work done, as SPINNER, source steepes SAWYER, BDDKKEFPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Carcinoma Juleus 1934
NK-T should it may		- I nopelable
SH H H C		1 V
7 40 - 0	Augustian Dans of	Other Contributary Causes of importance:
N DIO	12. BIRTHPLACE (city or town).	
ARGIN UNFADI supplied. n terms, so	13. NAME Nathan Luiga	
T D H +	13. NAME Mathan wagy 14. BIRTHPLACE (city or town) Old Johns	Name of operation Oats of
(E) -E (f)	[14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME amangly Ollin	23, If death was due to external causes (VIOLENCE) fill in also the following:
1.	5 16. BIRTHPLACE (city or town) alettorum	Accident, suicida, or homicide? Data of injury19
TT C	(Stete or country)	Where did injury occur?
PLAILY, hould be cal OF DEATH	17. INFORMANT Mrs. Colmund Dingets (Address) Cumpuland	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D		Menner of injury
		Nature of injury
WRITE mation si	In HUDGOTANGO DE ALL DEL LEA	24. Was disease or injury in any way related to occupation of deceased?
FOF	19. UNDERTAKER GOOD TO THE CANADA	If so, specify
N. S. N.	20. FILED dept 20, 193. 7 J. P. Franklin, M. L. Registrar.	(Signed) (Address) M. O.
On Cot	Owens If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEME	NTS	BY	PHYSI	CIAN
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Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT - 8 1931	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT B 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory of	auses of importance:	ا	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CEDTICICATE OF DEATH CTATE OF MADVI AND IS A PERMANENT RECEIP. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPAZ

County	llegany			145-a) Registration Dist. No.	,
	Cumberla			No. Memorial Hospital St, 6-	umber)
			yrs,mos	ds. How long In U.S. If of foreign birth?yrsmo	sds.
2. FULL NAME				If U. S. Veteran, specify WAR	
(a) Residence: I	10. 43 9 Arc	h St., (Usual place		St., Ward. If nonresident give city or town and S	State
	AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
remale 4.0	White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word) PPI OC	21. DATE OF DEATH September 19, (Month) (Day)	193 ³ 7 (Year)
a. If married, widowed, o HUSBAND of (or) WIFE of		Willett	3	22. I HEREBY CERTIFY, Thet I attended d	leceased from
. DATE OF BIRTH (mont	h, day, and year) N	ov. 28.	1902	I last saw h alive on \$	
. AGE Years	Months	Oeys	If LESS then	to have occurred on the date stated above, at 8:55Am.	
34	9	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	Data alasant
8. Trade, profession, kind of work of SAWYER, BOO	or particular Jona, as SPINNER, KKEEPER, etc	Housew:	ife	Self- Induced)	9/2/3
kind of work of SAWYER, BOO 9. industry or busin work was don SAW MILL, BA	ess in which e, as SILK MILL, NK, etc	it ho	ne	, and the second	
10. Date daceesed las this occupation year)	(month and	spe	ima (years) nt in this upation		
2. BIRTHPLACE (city or ((State or country)	own) West	Virginia	à	Other Centributery Causes of Importence:	
13. NAME W1.	lliam Cod	dington			
13. NAME Wil. 14. BIRTHPLACE (city (Stata or coun		Patch	wis.	Neme of operation Day of S What test confirmed diegnosis? Was there en et	aprt. 14
15. MAIDEN NAME	Nannie	Paxton	1	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME	or town) Yiel	mont		Accident, sulcide, or homicide? Oate of injury	
(State or cour		t Virgi	nia	Where did injury occur?	
	morial Ho umberland			(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
8. BURIAL, CREMATION,		Date Sep	122,1937	Menner of Injury	
9. UNDERTAKER (Address)	obela	er		24. Was disease or Injury In any way related to occupation of daceased? If so, specify	
20. FILEOSLES (2)	2,10378	Prov	klein M. K.	(Signed) Clarify Lung	mil

Enfield-Durrett

UNFADING INK-THIS IS A PERMANENT REC

AGE should be

FOR BINDING

ARGIN RESERVED

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAT

V. S. No. 1 m TION is very important. See instructions on back of

certificate.

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OCT 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MA

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. 5. Every item of infor-N. B.-WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH \$5.82
1. PLACE OF DEATH	
County Clle gamy	Registration Dist. No.
Village or City & e l Con t	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurredyrsmos.	어트 (J. T. C.) (1986) (1986) [1987] (1986) [1986] [1986] (1986) [1986] (1986) [1986] (1986) [1986] (1986) [1986]
2. FULL NAME / Curica	Willison
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yéar)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacaased from
(or) WIFE OI	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7 - 26 - 3)	I last saw h Craffye on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	/
SAW MILL, BANK, atc. 10. Oate deceased last worked at this occupation (month and spant in this	/ Male ameca
year) occupation	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	
13. NAME Colongram	
13. NAME 14. BIRTHPLACE (city or town)	Name of oparation Data of
(State of country)	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Color Color	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	Accidant, suicide, or homicide?Oate of injury,19
S (State or country)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT CALLES CA	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place, 19	Nature of injury.
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. 9-28, 19.37 ms. a. R. Waller Registrar.	(Signed) M. D. (Addrass)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V.S. V.

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:		
1915	Attack of epitepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis 5	3 days ago	
	RITIREAU W. S. J.		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLAI

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

6	pa-	100	63
9	()	0	3

1. PLACE OF DEATH		— 41 (59)	0
County Megany	an a	Registration Dist. No.	8
Village or City Length of residence in city or town whera deal		No. death occurred in a hospital or institution, give its NAME instead of the control of the co	St., Ward street and number)
2. FULL NAME Many	ane Shift	If U. S. Veteran, specify WAR	
(a) Residence: No. X PARCINI	(Usyalplace abode)	C. St., Ward. If nonresident give city of	town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
Gemale Ithite	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 7
5a. If marriad, widowed, or divorced HUSBAND of Colace. 6. DATE OF BIRTH (month, day, and year)	m Stilt	1 HEREBY CERTIFY, That Jan 1937, to Seph t last saw har alive on Seph 9	attanded dacaased from 19.37, 19.37
7. AGE Years Months 6.3 Months 8. Trade profession or particular	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the data stated above, et	
SAWYER, BOOKKEEPER, atc	11. Total tima (years) spent in this occupation of fyna Tanyland	Other Contributory Causes of importence: Chroniss Helphritis	
13. NAME 14. BIRTHPLACE (bity or town) (State or country)	Land, g	Nama of operation	s there an autopsy?)4_0_
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT And Chart Market (Address)	auland wilt	23. If daath was dua to axternal causes (VIOL ENCE) fill In also th Accident, suicide, or homicide? Data of injument of the Data of injument of injument of the Data of injument o	Iry, 19
18. BURIAL, CREMATION, OR REMOVAL Place Care Hill Countery	Dete Sept 12, 1937	Manner of injury	
19. UNDERTAKER III (Conclusion (Address) 20. FILED AM. 12, 197 D. 6	coming. M.f.	24. Was disease or injury in any way related to occupation of dad If so, spacify (Signad) Jelsysy M. Hedyso	caased? A
	Registrar.	(Address) Macring I In	1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORPORATE LISTATE OF MARYLAND—CERTIFICATE OF DEATH OCCUP. 1. PLACE OF DEATH County ALLEGANY should Registration Dist. No. CUMBERLAND, MD. MEMORIAL HOSPITAL Jo (If death occurred in a hospital or institution, give its NAME instead of street end number) PHYSICIANS Length of residence In city or town where death occurred _____yrs, _____mos.____ds. How long in U.S. If of foreign birth? _____yrs._____mos.____ds. statement 2. FULL NAME ALLEN YOMMER If U. S. Veteran, specify WAR GRANTSVILLE, MD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (qurite tha word) WHITE MALE 5a. If married, widowed, or divorced **HUSBANO** of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of _____, 19____, to_____, 19_____, 19_____ 田 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the date stated above, at II-235-m.P. M. If LESS than 7. AGE Months I day, hrs. The TRINCIPAL CAUSE OF DEATH and related causas of Importance or min. 8. Trade, profession, or particuler OCCUPATION may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate dacaased last worked at 11. Total tima (yaars) this occupation (month end spent in this that occupation ---(State or country) plain terms, FATHER 13. NAME RAY YOMMER 14. BIRTHPLACE (city or town) ___MARYLAND (Steta or country) efully What test confirmed diagnosis? ___. MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: ï Accident, suicida, or homicida?______Oate of injury______19___ 16. BIRTHPLACE (city or town). OF DEATH (State or country Where did Injury occur?____ (Specify city or town, county and State) MRS.MINNIE YOMMER BAKER Spacify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT should (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE LION Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased?___. If so, specify Registrar.

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage Tulu 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Man 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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